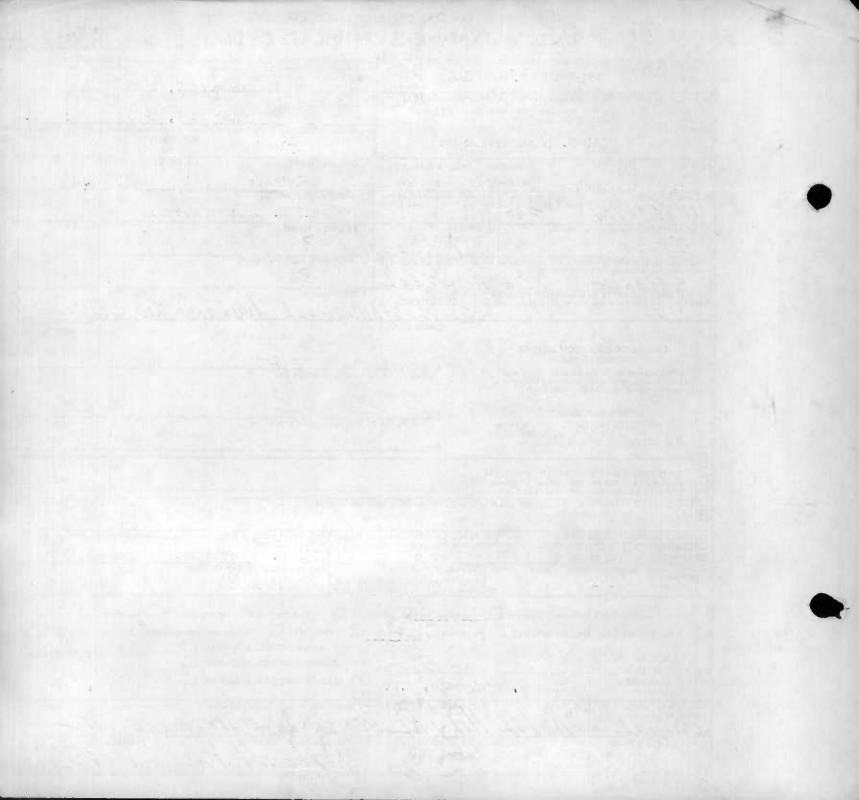
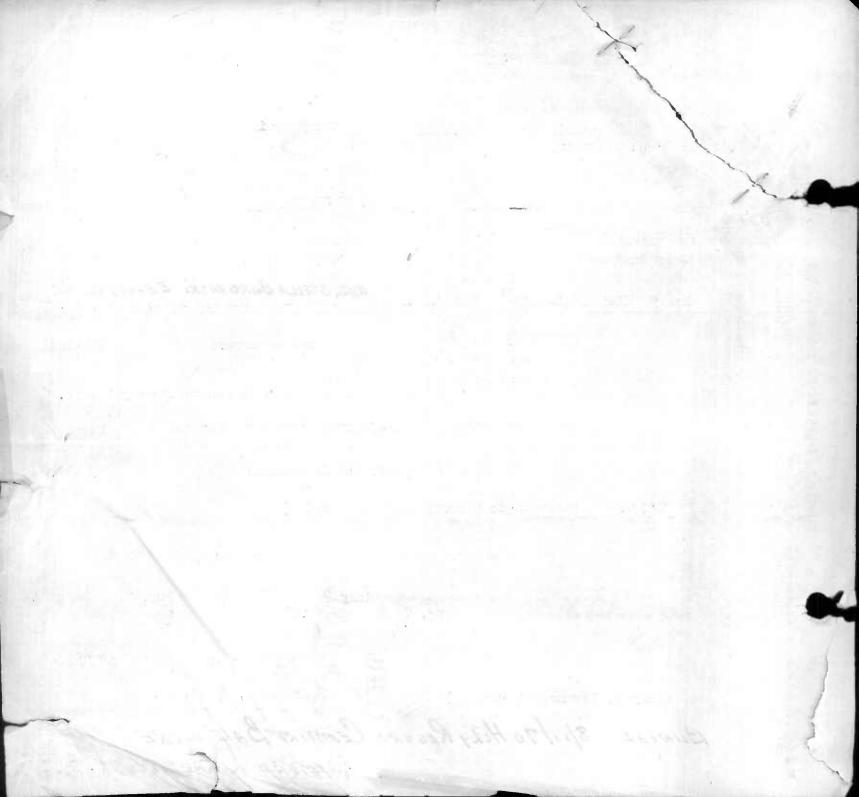
## BALTIMORE CITY HEALTH DEPARTMENT

818	70 800 MEDICA	L EXAMINER'S	CERTIFIC	CATE OF	DEATH,	REG. NO.	8001
1.	NAME OF DECEASED pe or Print)  BRUNO M.	ACCIARO	2. DATE OF	Known 🔯	Manth	Day	Year Hour
FUL	PLACE IN BALTIMORE, MARYLAND, WHERE  L NAME OF (IF NOT IN HOSPITAL OR II SPITAL ADDRESS OR LOCATION) INSTITUTION			NCED DEAD	August August		Year Haur
1	213 N. Luzeri	ne Avenue	A STATE	Maryland		COUNTY	602
		RRIED NEVER MARRIED DIVORCED	C. CITY OR	town Baltimore		INSIDE CITY	Y LIMITS?
9. [	DATE OF BIRTH. 10.AGE (In years 10 / 10 / 1904		E. STREET A	ND NUMBER 213 N. Lu			MO L
11.	BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S	NAME			
14A dan	USUAL OCCUPATION (Give kind of work 148. KI) e during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	13. MOTHER	S MAIDEN NA	ME		
16. (Yes	WAS DECEASED EVER IN U.S. ARMED FORCE, no arunknown) (II yes, give wor or dates of serv	ES? 17. SOCIAL SECURITY NO.	18. INFORM	/	CIARU		ORESS N. LUZERNE A
	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEAT	TH	7 60 70 /10	CIANE	- 0.00	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
	(This does not meon the mode of dying, e., heart loiture, osthenia, etc. it means the diseas injury or complication which caused death.)	(A)IMMEDIATE C DUE TO, OR A	AUSE AS A CONSEQU	Hanging JENCE OF:			
NO	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST.	(8) DUE TO, OR HE (C)	AS A CONSEQ	UENCE OF:			
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIL TO THE DEATH BUT NOT RELATED TO THE TE DISEASE OR CONDITION GIVEN IN PART 1 (	RMINAL					
CERT	20A. DATE OF OPERATION 20B. CONDITIO	N FOR WHICH OPERATION WA	AS PERFORM	ED			21. AUTOPSY? (Yes or No) No
MEDICAL	22A. EXTERNAL CAUSE WAS UNDERLYING ☑ OR CONTRIB- UTING ☐ CAUSE OF DEATH. 22D. TIME (Month) (Day) (Year) (H	228. PLACE OF INJURY (e.g., home, farm, factory, street, office home	e bldg., etc.) IN	C. WHERE DID JURY OCCUR? 213 N. Lu	zerne Av		602
	(APPROX.) 8-7-70	m. WHILE AT NOT NOT AT W	varies of	Hanged se			
	I certify that I held an Inquiry resulted from: Natural causes  ACTUAL SIGNATURE EXAMINER'S NAME (Type)  Charles S.		ASSIS		EXAMINER X	manner _	DATE SIGNED
	A. BURIAL CREMATION, 24B. DATE MOVAL (Specify)  8/12/7	24C, NAME of CEMEYERY	or CREMATO	RY (240.	LOCATION ALTIN	(City, town,	or county) (State)
25	A. DATE REC'D BY HEALTH DEPT. 1258.	NAME OF REGISTRAR	25C F	UNERAL DIRECTO	K.KAC.	ZOROU	DRESS 2525
VS	151-REV. 1/1/68 A 1 - G G Am			1 ()			



6	200	A Marie Contract	BALTIMORE CITY	HEALTH DEPAR	RTMENT		100	10
BIRTH NO.	70/ 800%		CERTIFICA	TE OF DE	EATH	REG. NO	_70_	8002
Type or Print)	BOHN FRANK	BURDYNSKI	9			HOUR OF DEAT		8 A
3. PLACE IN BALL	TIMORE, MARYLAND, W	HERE PRONOUNG	CED DEAD	4. USUAL RESID	DENCE (Where	deceased lived. If	institution: re	esidence before odmissio
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA			Md.	AA	1300	NSIDE CITY LIF	5201
	lic Health Se man Parkway	ervice Hos	spital	E STREET AND			YES	NO 🗌
, , , , , , , , , , , , , , , , , , , ,		ī	£1	Eas	tern St	reet (Fe	ern Gler	n Manor)
S. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRT	le	. AGE (In years ost birthdoy)	If Under Months	Toys Hours Min.
M M	.W JPATION (Give kind of work	WIDOWED T	DIVORCED	11/11/1 11. BIRTHPLA CE		54	In Civin	ZEN OF WHAT COUNT
done during most of v	working life, even il retired) watertender	Seafar		Md	-1	in country,	12. 01112	USA
John Bu	urdynski	Age of the same		Mary F	MAIDEN NAM Rasinski			
(Yes, no or unknown)	Ever in U. S. Armed For USN 1942-19	es of service	SOCIAL SECURITY NO.	17. INFORMANT	LA BUR	Poyuski . HS Hospita	SEAST	ADDRESS ST.
Yes	USN 1942-19	147	216-10-0976	Record	s_ US P.	HS Hospita	al, Bal	to, Md.
1	SE OR CONDITION DI LEADING TO DEATH	RECTLY	The state of the s	Car	diac ar	rest	В	Terminal
	ol meon the mode of osthenio, etc. Il means		(A) IMMEDIATE CAL DUE TO, OR AS	A CONSEQUENCE				
injury or com	plicolian which caused	deoth.)	Diah	+	do +-	. man - maak		1
	ANTECEDENT CAUSES		(B)	a consequence	dary to	pancreat	ectomy	1 mo.
rise to the	OR CONDITIONS, if above couse (A) CONDITION lost.			jej <b>eun</b> al a		l abscess		Unknown
-	ude [[		100		TISTUIS			J. See A.
TO THE DEAT	ICANT CONDITIONS CO H BUT NOT RELATED TO T ONDITION GIVEN IN PAR	THE TERMINAL RT 1 (A).	***************************************	dial infa		****		3 wks.
19A. DATE OF	WAS PER	FORMED THE	ch operation crotic paner		10)	20B. IF YES, WEE	E FINDINGS CAUSES OF D	CONSIDERED DEATH?
OR CONTRIBU	NT WAS UNDERLYING TING CAUSE OF medical examiner	21 B. PL/ home, etc.)	ACE OF INJURY (e.g., form, foctory, street, o	n or about 21 C. WI ffice bldg., INJURY	HERE DID OCCUR?	(If in Boltin	nore City, give	e exact location)
21D. TIME OF INJURY	(Month) (Day) (Year)	(Hour) 21E, IN	JURY OCCURRED  At Not Whi		טנאו סוס W	IRY OCCUR?	/	//
(APPROX.)		Work	At Work					
,	that (1) (this hospital			July 7			Aug. 7	
	lost sow the decease					tin(phy) (our) o	pinian deoth	h occurred an the d
and have and	fram the couses sta	ted obove. (I)	re) (did) (d/d/ d/ot)	view the body at	tter deoth.		23B. DATE	E SIGNED
Gur		le	M.D. AM	ending Me	ed. S	Staff XX	1	8/7/70
23C. PHYSICIA NAME (T	N'S ype)		DEGREE	23D. ADDRESS		Balto, M		
	B. Levene,		DEGREE		24D. LO	4/1		
REMOVAL (	MATION, 24B. DATE	- 1/1	e of CEMETERY of CR	EMAILUIT	a R	1/-	City, town, or	county) (Stote)
SA. DATE REC'D	BY HEALTH DEPL		NOSARY	25C FUNERAL	L DIRECTOR	ANIMO	RE_	ADDRESS
F	UG 11 1970	Paser E.	EGIPRAR M.D.	Payon	OND	LEACH	o Rouss	7,2525
'S 150-REV. 1/1/6	5B			1(1)00)		1	711 000	TI FEEL.



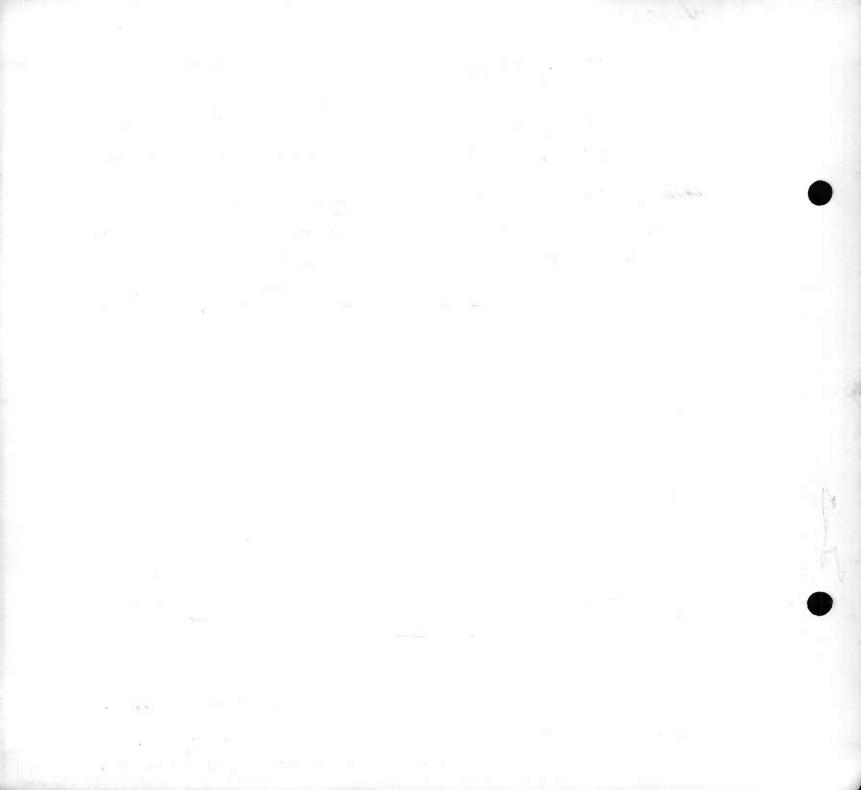
0,	201		BALTIMORE CITY	HEALTH DEPARTMENT		70 5002
BIRTH NO.	00 70	800	3 CERTIFICA	TE OF DEATH	REG. NO	70 8000
1, NAME OF	DECEASED			2. DATE	AND HOUR OF DEAT	H 11.50.
	Elizabeth Schei	h		Aug	9, 1970	7. P.
	BALTIMORE, MARYLAND, W		UNCED DEAD	4. USUAL RESIDENCE (VA. STATE B. CO	Where deceased lived. If	institution: residence before odmission
FULL NAME HOSPITAL OR	OF (IF NOT IN HOSPITE ADDRESS OR LOC.	AL OR INSTIT	UTION, GIVE STREET	Md. Ba	lto.	5300
NOITUTITEN				C. CITY OR TOWN	D. IN	ISIDE CITY LIMITS?
91)	Gould Nursing	Home		Middle River	R	YES NO Y
				411 Middle R	iver Rd.	
SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months! Doys Hours Min.
Female	White	WIDOWED		Aug.21, 1886	83	Months Doys Hours Min.
	CCUPATION (Give kind of work	108, KIND OF		11. BIRTHPLACE (Stote or	foreign country)	12. CITIZEN OF WHAT COUNTR
one during mos	st of working life, even if retired)					
Maid-		Hote	l-Maid	Germany		U.S.A.
3. FATHER'S				14. MOTHER'S MAIDEN	NAME	
	-					
Was Dar	Espanner  sed Ever in U. S. Armed For	2	1 4 000141	Anna Nentu	rik	
es, no or unkn	own) (If yes, give wor or dote	es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No			116-01-3753A	Motilda Best	or 1.77 ME 2.17	Birran Di Ologo
18.	149		CAUSE OF DEAT	Matilda Furt	am thr wroat	e River Rd. 21220
0.0	711		ONOUE OF DEATH		1.	BETWEEN ONSET AND DEAT
DIS	EASE OR CONDITION DI LEADING TO DEATH	RECTLY			1/2	40
IThin Jun		duin a	(A) IMMEDIATE CAL	ISE	voceme	1 conge
	es not mean the mode of use, asthenia, etc. It means		DUE TO, OR AS	A CONSEQUENCE OF:		
	complication which coused		n	0.	~	
	ANTECEDENT CAUSES		1. 7	1 Curle	- 70	.4 days
DISEASES	S SHOUTHOUS TO		(8) CHE TO CR AS	A CONSEQUENCE OF:	) Varance	2
	S OR CONDITIONS, if the obove couse (A)		DUE TO, WE AS	A CONSEQUENCE OF:	_	2
	YING CONDITION lost.	Jiving me	(c) D	scallan Do	senter	of wester
	11		/ ~ / ~ · · · · · · · · · · · · · · · ·	8 1	7	
Z	CANIELCANT COMPUTANTA CO	NITHIRLITING	0	n o		
TO THE D	ONIFICANT CONDITIONS CO	HE TERMINAL	Chromi	Drain Smiles		bren.
C DISEASE C	OR CONDITION GIVEN IN PAR	IT 1 (A).		[20]	N. V. oop and	10
19A. DATE	OF OPERATION 198. CON	FORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes or		E FINDINGS CONSIDERED
E E						
OR CONT	IDENT WAS UNDERLYING RIBUTING CAUSE OF otily medical examiner	21 B. hom etc.	e, lorm, foctory, street, of	n or obout 21C. WHERE DID	(If in Boltim	ore City, give exoct locotion)
21 D. TIME	(Month) (Doy) (Year)	(Hour) 215	INJURY OCCURRED	215 HOW 515	INJURY OCCUR?	
OF INJUR	Υ				INJURY OCCUR!	
(APPROX.)		Whi	ile At Work			1
22 1	4: f., Alex (1) (1) 2 1 2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1			4/8/	10 70 10	8/9/. 2
44. I ceri	tify that (1) (this haspital	i) attended t	ne deceased from	-9 0	19 /O to	0.1.119.70
that (I) (	we) last saw the decease	ed alive an	Curquest	(19 /O and	that in (my) (our) a	pinian death accurred an the da
and hour	and fram the causes sta	ted abave. (1	) (Wa) (did not) w	iew the bady after deat	th.	
23A. SIGN			, ( <del>-2</del> (-,-) (oro nat) v	the budy unter deal	***	23B, DATE SIGNED /
1	11 - A B	,0	A 84-	nding Med.	Staff [	6/1/2
1/1	But 10 Un	estin	OEGREE Phys		Phys.	8/10/10
	CIAN'S	1		23D. ADDRESS		
	E (Type) T D T D T D T T T T T T T T T T T T T T	DV W		4000 B	laim Dand	21206
		LEY, M.	DEGREE		lair Road	21206
AA. BURIAL O	CREMATION, 248. DATE	24C. NA	ME of CEMETERY OF CRE	MATORY 24D	LOCATION (	City, town, or county) (State)
-		70	3 . 5 .			
Buria		10 Mo:	reland Park	lace Figures	(100)	Md.
A I I M II	C'D BY HEALTH DEPT.	258. NAME C	T REGISTRAR	25C. FUNEDAL DIRECT	X A	ADDRESS
AUGI	1 13/1 Valent E	. Valbers	K.D.	Va Jamo Fin	eral Hote 7h	Ol Belair Rd. 21236
S 150-REV. 1	/1/6B				the block 11 China	



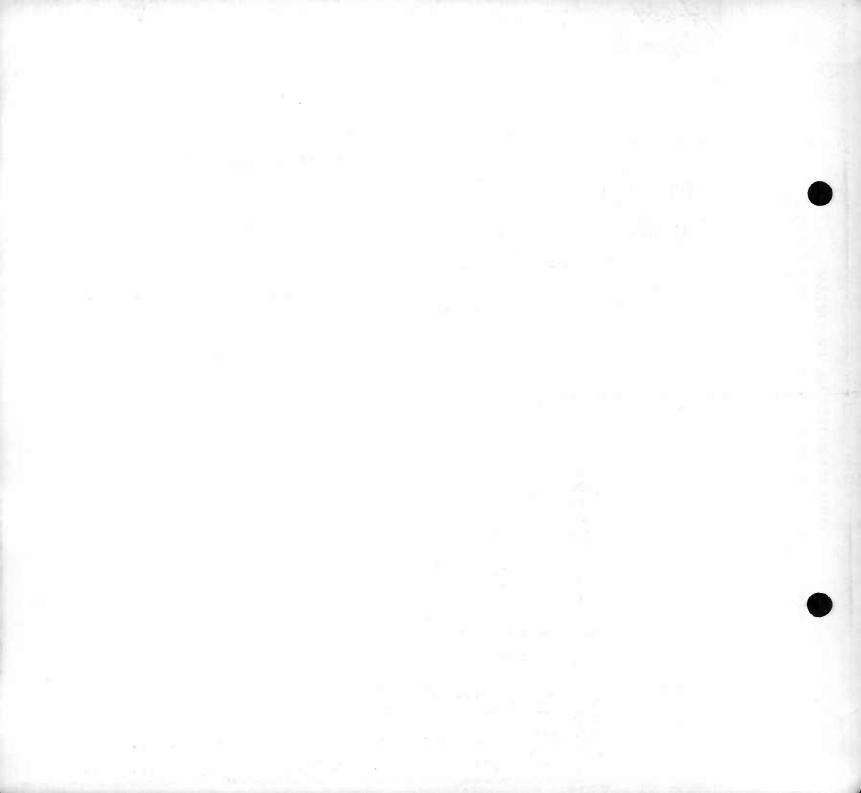
1	5-620 70 SOLL CENTIFICATE OF DEATH REG. NO. 70 SOLL	
	RTH NO.	1
ı	NAME OF DECEASED (Krouse)  (pe or Print) GOYCZE WIEZ Mrs. FRANCES M. 2. DATE AND HOUR OF DEATH  (PO OF Print) GOYCZE WIEZ Mrs. FRANCES M. 8. 8. 1970 1 10.30	А
ŀ	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceosed lived, II institution: residence belose odd	M. M.
	JUL NAME OF OSPITAL OR INSTITUTION, GIVE STREET  STITUTION  JUL NAME OF ADDRESS OR LOCATION)  G. CITY OR TOWN  D. INSIDE CITY HMITS?	1
1		
į	E. STREET AND NUMBER	
ı	Dove am 37.	
	WIDOWED DIVORCED 9-5-89 SEE (In years II Under 1 Yr. II Under 1 Winder 1 Yr. II Under 1 Winder 1 Yr. II Under 1 Winder 1 Yr. III Under 1 Winder 1 Yr. III Under 1 Winder 1 Yr. III Under 1 Yr.	24 Hrs. Min.
	to during most of working like even it retired.  12. CITIZEN OF WHAT CO	UNTRY?
1	at notice /	
	Joseph Base Barbara NOVY	
	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO. 219_323992 Julie Tyle 528 N Bouldin S	1-
	18. CAUSE OF DEATH APPROXIMATE INTI	ERVAL
	LEADING TO DEATH	
	heart legiture, asthenia, etc. It means the disease.	
	Injury or complication which sound don't	
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving  DUE 10, OR AS A CONSEQUENCE OF:  DUE 10, OR AS A CONSEQUENCE OF:	
	INDERIVING CONDITION	
	CO	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH RUT NOT RELATED TO THE TERMINAL	
	DISEASE OR CONDITION GIVEN IN PART 1 (A).	
1 1 1 1 1 1 1 1 1 1	IN CERTIFYING CAUSES OF DEATH?	
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, farm, foctory, street, affice bidg., INJURY OCCUR?  DEATH (notify medical examinet)  21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, farm, foctory, street, affice bidg., INJURY OCCUR?	
	21D. TIME (Month) (Doy) (Year) (Hourt 21F, INTHEY OCCUPAND) 21F HOW DID INTHEY OCCUPAND	
	(APPROX) While At Not While	
	22. [ certify that 4) (this bosnital) attended the decorat (	10
	that (I) (we) last saw the deceased alive an 8 8 19 20 and that in (my) (aur) apinian death accurred on the	
	and haur and fram the causes stated abave. (1) (We) (did) (did.net) view the bady after death.	- 4418
	23A. SIGNATURE  23B. DATE SIGNED	
	Attending Med. Staff Director Phys. 5 8.8-1970	>
	23C. PHYSICIAN'S NAME (Type) ABDUS AMAD My Church Home of Haspita Bil	1 M
2	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City. town, or county) (SI	23/
l	Burial 8/12/70 Holy Redeemer Cemetery Baltimore, Md.	
2	AUG 12 1970 Robert E. Jaban R. A. Profilm Continuation of Profilm Continuation	
į	150-REV. 1/1/6B	



16-115	7 170	10 mm PT	BALTIMORE CITY	HEALTH DEPARTMENT	./	PNO	
BIRTH NO.	70	8005	CERTIFICA	TE OF DEATH	REG. NO	70 8005	
1. NAME OF DE	CEASED			2. DATE	AND HOUR OF DEATH		
	Alice E.	Hollinge	er		8-8-70	3:30E	
3. PLACE IN BA	LTIMORE MARYLAND, W	HERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (W. A. STATE B. CO	here deceased lived. If in	stilution: residence belare admission	
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	TION, GIVE STREET	M	Balton	521A	
HOSPITAL OR	BALTIMORE	ATIONI	TOTOMAT O	C. CITY OR TOWN		DE CITY LIMITS?	
121	4940 Easte			Baltimore		YES A NO	
01	Baltimore,			E. STREET AND NUMBER	•		
				928 Kinwait	Avenue 212	21 007	
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yours lost birthdoy)	II Under 1 Yr. If Under 24 Hrs. Months! Doys Hours! Min.	
Female	White	WIDOWED		3-6-01	69	Months Doys Hours Min.	
done during most of	UPATION (Give kind of work working life, even if retired)	108, KIND OF	SUSINESS OR INDUSTRY	11. BIRTHPLACE (State or I	oreign country)	12. CITIZEN OF WHAT COUNTRY	
House		at	home	Maryland		USA	
13. FATHER'S NA	ME			14. MOTHER'S MAIDEN N	AME	USA	
	Harry Kenned	ly		Mollie Ba	ctel		
15. Was Deceased	Ever in U. S. Armed Ford	es?	6. SOCIAL	17 INFORMANT		ADDRESS	
tres, no or unknown	of ges, give war or date:		SECURITY NO.	49	940 Eastern Av	renue	
18,	49.	218	-36-3812 CAUSE OF DEATH	BCH-Records Ba	altimore, Mary		
1000	SE OR CONDITION DIR	- C = 1	CAUSE OF DEATE	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
Distr	LEADING TO DEATH	ECILI		chamin	vous 1 C'		
This does	nat mean the mode of	dying, e.g.,	DUE TO, OR AS A	SE CHYOMIC	renay tail	Ure 2 yra	
injury or con	asthenio, etc. It means	the disease, death.)		TOTAL COLLEGE OF			
	ANTECEDENT CAUSES			Nichate	s mellity		
DISEASES C	OR CONDITIONS, if a	iny, giving	DUE TO, OR AS	A CONSEQUENCE OF	s menty	1) 22 yrs	
rise to the	e obove couse (A)	stoling the		A COMPLETE OF		0	
UNDERLING	G CONDITION last.		(c)				
Z OTHER SIGNIE	II ECANT CONDITIONS CON	TDUDITING					
TO THE DEAT	H BUT NOT PELATED TO TH	E TERMINIAL					
19A. DATE OF	ONDITION GIVEN IN PART OPERATION 198 COND	NITION FOR WH	ICH OPERATION	20A. AUTOPSY? (Yes or	No. 208 IF YES WERE E	INDINGS CONSIDERED	
OTHER SIGNIF TO THE DEAT DISEASE OR C 19A. DATE OF	WAS PERFO	DRMED		1/2	IN CERTIFYING CAU	SES OF DEATH?	
U 21A, ACCIDEN	NT WAS UNDERLYING THE	21 B, PI	ACE OF INJURY (e.g., in	or about 21 C. WHERE DID	(If In Baltimore	City, give exact location)	
DEATH (notify	medical exomined	etc.)	form, foctory, street, offi	co bldg., INJURY OCCUR?	(ii iii da iii ii i	end, the exect technoli	
O 210. TIME	(Month) (Day) (Yearl	(Hour) 21E II	JURY OCCURRED	21F. HOW DID IN	Illex Occum		
OF INJURY	•	While			isoki occoki		
		Work	☐ At Work	<u> </u>			
22. I certity	that (Vittis hospital) This hospital lost sow the decedsed	attended the	deceosed from	7/6/7-	_19to	8/8/70 19	
					that in (my) ( opini	ion death occurred on the date	
and hour and from the couses stated above. (1) (We) (did) (did not) view the bady ofter death.							
23A. SIGNATURE							
Neu	wheno	Lan M	Aften Phys.	ding Med. Director	Staff Del	0000	
23 C. PHYSICIA NAME (T)	N'S ypel	1		D. ADDRESS		707	
(	Henry F	terro	a M.D.	4940 Easterr	n Avenue Balt	to.m Md. 21224	
24A. BURIAL CREA REMOVAL (S	MATION, 24B. DATE	24C. NAM	E of CEMETERY OF CREA			town, or countyl (State)	
Buri		O Oal	c Lawn Ceme				
		SE NAME OF		SC FUNERA DIRECTO	1	ADDRESS -	
AUG 12	1970 Pober 8	Jaka	MD: 1 a	Schumunel	Juneral Hom	ADDRESS	
45 150 0514 143 44		The late of the la		1 3331 B	chms Lane	V	

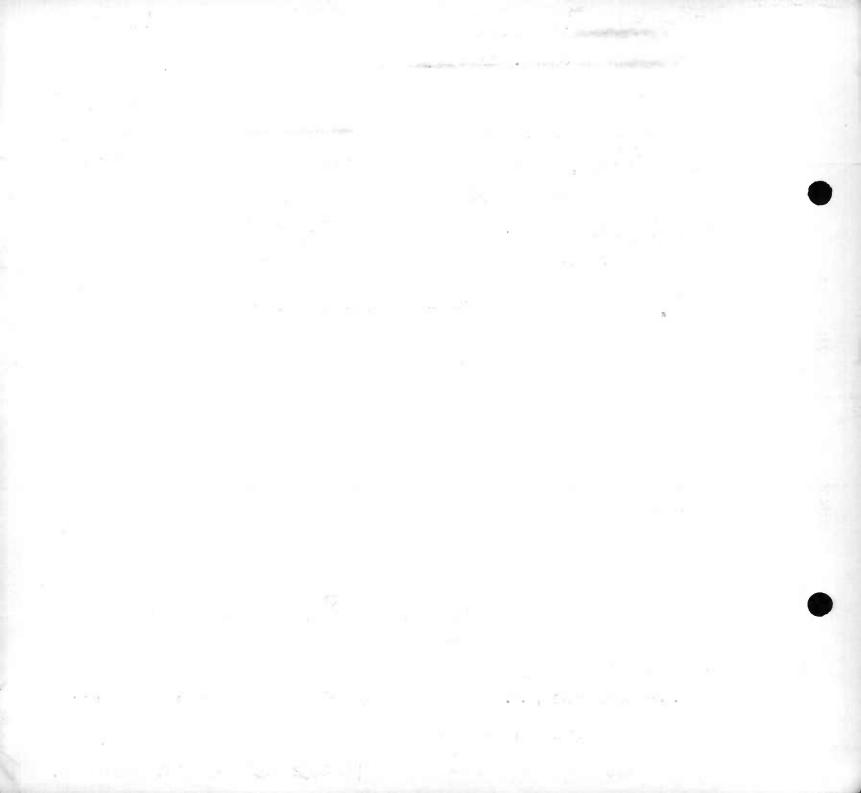


	Y HEALTH DEPARTMENT 70 8006
BIRTH NO. CERTIFICA	TE OF DEATH REG. NO.
I.NAME OF DECEASED (Type at Print)	2. DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	dlick) \$ 2 70 4-20 PN  4-20 PN
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Md. 21212 2758
W.	Baltimore VES NO
MERCY HOSPITAL	E. STREET AND NUMBER  1665 Northern Parkway
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	
WIDOWED DIVORCED	1 11 1896 last birthday) Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (Stota at foreign country) 12. CITIZEN OF WHAT COUNTRY
Optician Bowen & King	BALT. MD.
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
Charles J. Hrdlicka	MARY KOELOVSKY
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor ar dotes of service)  SECURITY NO.	Julia Jedlicka Hrdlicka, wife, above
yes   WW1 213-01-8752A	
DISEASE OR CONDITION DIRECTLY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	ISE hassing ceachal nifaction
(This does not mean the made of dying, e.g., heart failure, osthenia, atc. it means the disease,	A CONSEQUENCE OF:
injury or complication which caused death.)  ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, il ony, giving  (B)  OUE TO, OR AS	o-varentar occlusion
ise to the above cause (A) stating the UNDERLYING CONDITION last,  (C) Hyperlying	inswe cardiova cular dinas
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	Myocardial unfaction
19A-DATE OF OPERATION 119B CONDITION FOR WHICH OPERATION	All Market and a second and a s
WAS PERFORMED	20A-AUTOPSY? (Yes at No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (natify medical examine)  21R. PLACE OF INJURY (e.g., in hame, farm, factory, sheet, all els.)	n or about 21 C. WHERE DID (If in Baltimore City, give exact location) lice bidg., INJURY OCCUR?
OF INJURY (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) While AI Work At Work	
22. I certify that (I) (this hospital) attended the deceased from	8/4/ 1970 to 8/8/ 1970:
that (1) (we) lost sow the deceased alive on	19 70 and that in (my) (our) opinion death occurred on the date
and hour and from the couses stated abave. (1) (We) (did) (did nat) v	ew the body ofter deoth.
23A. SIGNATURE	23B, DATE SIGNED
Phys	ading Med. Stoff Phys. 9 8/8/70
KYI & LWIN	Mercy Hospital Ralt. MD.
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION (City, town, or county) (Stotel
Burial 8/11/70 Holy Redeemer	Cemetery Baltimore Ad.
AUG I 2 9/0 LOBER E 23R NAME OF REGISTRAR	ADDRESS ADDRESS
VS 150-REV, 1/1/68	33 Brehms Lane



FUNERAL DIRECTOR:

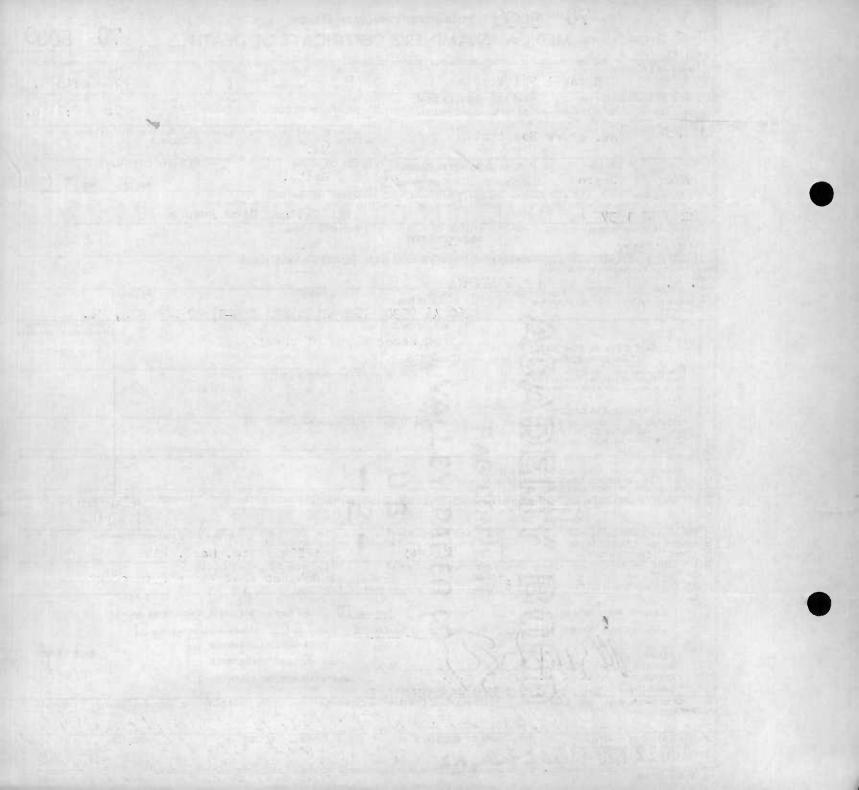
H-652 BIRTH NO.	70 8	A MIN		OF DEATH	REG. NO	70 8007
(Type of Print)	John W.	The state of the s	Me apine	2. DATE AN	NO HOUR OF DEATH	10,1970
3. PLACE IN BALTIMORE,	MARYLAND, WHERE	PRONOUNCED DEAD	14	JSUAL RESIDENCE (Whe	re deceased lived. If in	nstitution: residence before admission
FULL NAME OF (IF N HOSPITAL OR ADD INSTITUTION	OT IN HOSPITAL OR RESS OR LOCATION	INSTITUTION, GIVE ST	REET	MARY LA	ND -	Baltimore 530
4 /	ORE CITY HO		1	Posedale :		YES NO X
- Baltim	astern Aven ore Marylan		4	1201 6	2 nd s	7. 21237
MALE CAUC	ASIAN WID	ARRIED NEVER MAR	CED 7	-31-83	9. AGE (In years lost birthdoy)	H Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
done during most of working life.  Boiler Engine	even it telited)	ind of Business or i		EN gland	1	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	oseph		14.	MOTHER'S MAIDEN NAM		
15. Was Deceased Ever in U. (Yes, nd or unknown) (If yes, gi	S. Armed Forces? ve wor or doles of se		10.	NFORMANT		ADDRESS
18.		217-20-0	973 BC	H-Records:494	0 Eastern A	venue 21224
DISEASES OR COND rise to the above UNDERLYING CONDIT	elc. Il means the divhich caused deoth.  INT CAUSES  ITIONS, il any, cause (A) stoling  ION lost.	giving (B)		NSEQUENCE OF:	COLON	
OTHER SIGNIFICANT CON IT TO THE DEATH BUT NOT OUT DISEASE OR CONDITION 1994. DATE OF OPERATION 1994. DATE OF OPERATION 1994. DATE OF OPERATION 1994. DATE OF OPERATION	N 198 CONDITION WAS PERFORMED  INTES		57P.	A-AUTOPSY? (Yes or No)	208 IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING C	NDERLYING	218 PLACE OF INIT	PY (e.g. in or of	NO Sout 21C, WHERE DID dg., INJURY OCCUR?	(If In Boltimore	City, give exoci locotion)
O 21 D. TIME (Month) OF INJURY (APPROX.)	(Doy) (Year) (Hour	While Al	RED Not While	21F. HOW DID INJU	JRY OCCUR?	
22. I certify that (1)(t that (1) (we) last sow			om Aug	19 70 ond the	9 70 ta Au	lon death accurred on the date
and hour and from the	couses stated abo	ve-(1) (We) (did) (di	d nat) view t	ne body after death.		despited on the data
23A. SIGNATURE  Solve Service  23C. PHYSICIAN'S	miak .	Dewel	Attending Phys.	Med. S	haff haff	8/10/70
J. Jeremiah		).	DEGREE B	DDRESS LTIPIORE	rn Avenue, Ba	Altimore, Md. 21224
REMOVAL (Specify)	8-13-70	New Cathed	Y or CREMATO	ry 24D. LD		wre, Md. (Stote)
AUG 1 2 1970	Robert E. Va	ME OF REGISTRAR	25	C. FUNERAL DIRECTOR	121	ADDRESS



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VS 151-REV. 1/1/68

4 BIRT	)-412 HNO.	2		3009 ICAL		NER'S		CATE OF	DEAT	H REG. NO	70	8009
	AME OF DEC		ssell	Phill	ips		2. DATE OF DEATH	Known   Estimated	Manth 8	Doy 3	Year 70	8:15 p. M.
FULL	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION St. Agnes Hospital						3. DATE PRONOL	JNCED DEAD			Year 70	8:15 p.
	6. SEX 7. RACE B. MARRIED NEVER MARRIED							Md.  C. CITY OR TOWN  Balto.  B. COUNTY  D. INSIDE CITY LIMITS?				
9. D	TATE OF BIRTH	1	10.AGE (In lost birthdon 33		H Under 1 Yr. If Months, Days		E. STREET A	ND NUMBER Roland	View Av		s X	<u>NO                                    </u>
I	IRTHPLACE (S	SEY		4B. KIND	WHAT COU	NTRY?	13. FATHER	S NAME	ME			
I6. V (Yes,	during most of w S. NAV VAS DECEASI no ar unknown) YES	orking lile, ev Y ED EVER IN	U.S. ARMED	MII	ITARY		18. INFORA	IANT		AT NORFO	DDRESS	A .
11	(This does not heart failure, injury or can DISEASES C	EADING TO on mean the asthenia, etc plication which ITECEDENT OR CONDITION ABOVE CA	made of dyl It means the ch caused dea  CAUSES  ONS, IF ANY USE (A) STAT	ng, e.g., disease, th.)	(A	)IMMEDIATE C	AUSE AS A CONSEQ					PROXIMATE INTERVAL  TEN ONSET AND DEATH
CERTIFICATION	OTHER SIGN TO THE DEA	IFICANT CON	II NDITIONS CO TRELATED TO GIVEN IN PA	HE TERMI	ING NAL	)						
1					FOR WHICH OF	PERATION WA	AS PERFORM	ED			21. AUTO	PSY? (Yes or No)
MEDIC	JNDERLYING JTING CAI 2D. TIME ( DE INJURY APPROX.)	JSE OF DEA	TRIB-	(Hour	hame, farm, facta	hway	e bldg., etc.) If	oc. WHERE DID NJURY OCCUR? 6122½ Ba F. HOW DID IN Subject	lto. Na	tl. Pike	2	t 300
2	ACTUAL SIGNATU EXAMINE NAME (T	ed from N	eld an la latural cause mer U.	Spit	Accident M.O. Medical		ASSIS ASSO	micide  CHIEF MEDICAL STANT MEDICAL CIATE MEDICAL	Undetermin EXAMINER EXAMINER EXAMINER	death in my a	3	DATE SIGNED  8/4/70
24A. <b>B</b> is 25A.	AL (Special Principle) Aug 12	5-A BY HEALTH 1970	-		AT AME OF REGIS	CEMETERY LANT	25C. F	OCCAN	OR BE	mil	or county)	O (Stote) MITOURNAPATA NATPIAN d
VS 15	1-REV. 1/1/68	1/	( 17)				.01	ROBERT	5, 60	rradio	2	



IMPORTANT

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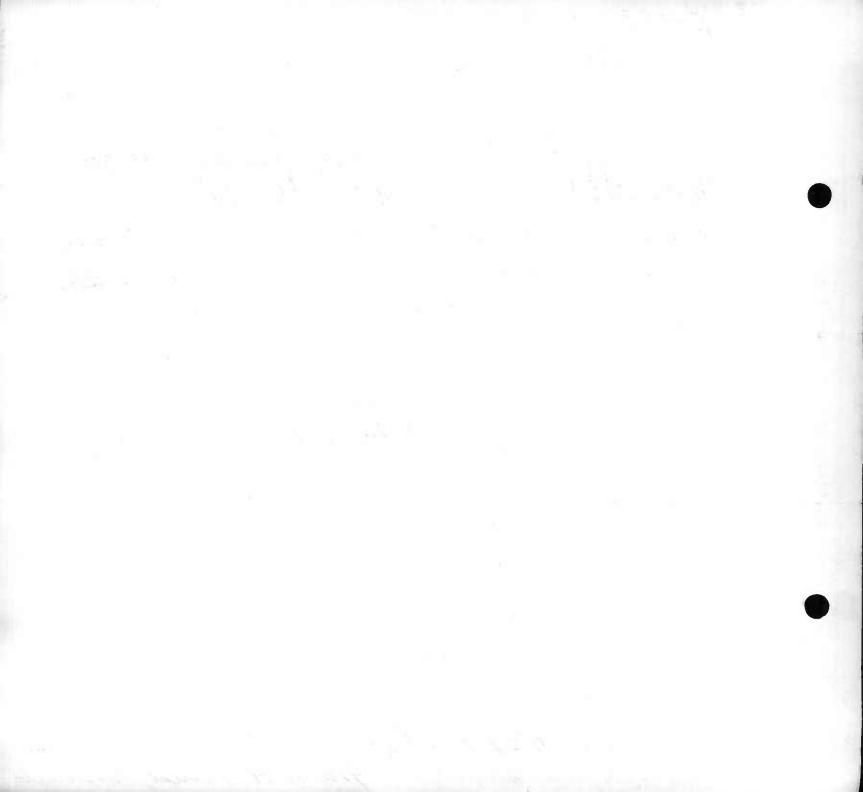
	1/1/00	BALTIMORE CITY	HEALTH DEPARTMENT		20 2010
	70 8010	CERTIFICA	TE OF DEATH	REG. NO	70 8010
1, I (Ty	Pe or Print MR. LEO KOLAKOWS	KI	2. DATE	AND HOUR OF DEATH	5:20 0
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNC		4. USUAL RESIDENCE (W	0/1/	nstitution; residence before admission)
FL	ILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)		MARYLAND C. CITY OR TOWN		IDE CITY LIMITS?
-	CHURCH HOME & HOSPITA	AL	BALTIMO	RE	YES. NO NO
	BALTIMORE, MARYLAND	21231	E. STREET AND NUMBER	TENN AV	E.
P	SEX 6. RACE White WIDOWED WIDOWED	DIVORCED	8. DATE OF BIRTH 2/19/98	9. AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10/	USUAL OCCUPATION (Give kind of work 108, KIND OF BUS	INESS OR INDUSTRY	11. BIRTHPLACE (Stote or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
	Baliff Juevenle	Court	POLAND		AMERICA
	HICKNOWN. Joseph		UN KNO		
15. (Ye	s, no or unknown) (If yos, give war or dotes of service)	SOCIAL SECURITY NO. 4-40-4785	17. INFORMANT HELEN KOL	AKOWSKI	SAME ADDRES
	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH		0 -	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A) IMMEDIATE CAU	se Cerebro vasc	ular alle	iden!
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which coused death.)	DUE TO, OR AS	CONSEQUENCE OF:	ſ	
	ANTECEDENT CAUSES	m Ineu	maria, st.	base of	ASCV b.
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION fast.		Ling replic	ular.	
	11	(6)		***************************************	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	************************			
ERTIFIC,	19A-DATE OF OPERATION 198 CONDITION FOR WHICE WAS PERFORMED	H OPERATION	20A. AUTOPSY? (Yes or I	10) 208, IF YES, WERE IN CERTIFYING CAN	FINDINGS CONSIDERED USES OF DEATH?
CAL C	21A. ACCIDENT WAS UNDERLYINO   21B. PLAN CONTRIBUTINO   CAUSE OF DEATH (nofify medical examiner)   21B. PLAN charme, for etc.)	CE OF INJURY (e.g., in rm, foctory, street, af	or about 21 C. WHERE DID ice bidg., INJURY OCCUR?	(II In Baltimore	e City, give exact location)
MEDI	21D-TIME (Month! (Doy) (Yeor) (Hour) 21E INJU OF INJURY While At (APPROX.)	URY OCCURRED Not While At Work	21F. HOW DID IN	JURY OCCUR?	
	22. I certify that (i) (this haspital) attended the de		8/40	10 10 00	8/9 1970
	that (i) (we) last saw the deceased alive on	8/9	ana 1	hat in (my) (our) apir	nian death accurred an the date
	and haur and from the causes stated above. (1) (We	e) (did) (did not) vi	ew the bady after death		
	A. C. Chouvalit., M.D.	Atter DEGREE Phys.	nding Med. Director	Stoff Phys.	238. DATE SIGNED
	23C. PHYSICIANS NAME (Type) A. C. CHOUVALI	T, M. D. 2	3D. ADDRESS CHURCH +	lome of He	SPITAL
244	BURIAL CREMATION, 24B. DATE 24C. NAME	of CEMETERY OF CRE	BALTIMOR MATORY 24D.		AND 2123/ ly, town, or, countyl (State)
25.4	Burial auc 12 1970 /th	oly Rosary	Cem.	Baltimore	, Ud
254	AUG 12 1970 Robert & Jaban R	GISTRAR	William Fix	Chouse 200	7 Eastern Ave
W.	160 DEV 1/1// 6		- Ja	200	1 2 2 2 1 1 1 1 1



11/6/70 - Letter from M.E.O.

18

B-623 70 801		TE OF DEATH	REG. NO.	70 8012				
BIRTH NO.	CENTIFICA							
CType or Print Oreget	John H.	8-4-	D HOUR OF DEATH	1 10.30 A.				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUN	e deceased lived tf in	stitution: residence before admission				
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	TITUTION, GIVE STREET	C. CITY OR TOWN		2798				
111 dinai dana	1:1-11	Rattemore	Ind	DE CITY LIMITS?				
72 wine freigh	1.0	E. STREET AND NUMBER	00 /	2				
Sport 16. RACE 17. MARRIE	e, sno	3514 Span	eldering C	lac zone 15				
male Ithite WIDOW	ED DIVORCED	12-11-86	ost birthdgy)	Il Under 1 Yr. tl Under 24 Hrs. Manths Days Haurs Min.				
10A, USUAL OCCUPATION (Give kind of wark 10B, KIND dane during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or Corei	an country!	12. CITIZEN OF WHAT COUNTRY?				
Ketivied Ball	mereleta	Callerin Po.	Sul.	21.11				
13. FATHER'S NAME	2 8	14. MOTHER'S MAIDEN NAM	TE .					
homas H. D.	night	Jama V	Dogas					
15. Was Deceased Ever In U. S. Armed Farces? (Tas, no or unknawn! (II yes, give wer or dates of service	SECURITY NO.	17- INFORMANT	11 of	ecele ADDRESS MA DIA				
no none	unknown	Mrs. Mary V.	Stodyan	2.119 Dundon				
DISEASE OF CONDITION PIECES	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		P	1 11 2					
(This does not mean the mode of dying, e. heart failure, osthenio, etc. It means the diseas	g. (A) IMMEDIATE CAU	CONSEQUENCE OF:	manfrace	Rej				
injury or complication which coused death.)	2			′				
ANTECEDENT CAUSES	(B) Praw		tano (post	gastrutony)				
DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the	DUE TO, OR AS	A CONSEQUENCE OF:	(0)					
UNDERLYING CONDITION last.	(c) 12ph	e perforano	n (Huodi	nan				
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING								
TO THE DEATH BUT NOT RELATED TO THE TERMINA  DISEASE OR CONDITION GIVEN IN PART 1 (A),				20 224 224 224 224 224 224 224 224 224 2				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINA DISEASE OR CONDITION GIVEN IN PART 1 (A).  194. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED T-26-70. WAS PERFORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes or No)		INDINGS CONSIDERED				
U 21A, ACCIDENT WAS UNDERLYING 12	perforation		IN CERTIFYING CAU					
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined	TB. PLACE OF INJURT (e.g., in ame, farm, factory, street, affi tc.)	ar obout 21C. WHERE DID ca bidg., INJURT OCCUR?	(If In Baltimare	City, give exact lacation)				
=   OF INJURT	E INJURT OCCURRED	21F. HOW DID INJU	RT OCCUR?					
I ~ I (APPROX.)	Vhile At While At Work							
22. I certify that (1) (this hospital) attended	the deceased from	7-26 19	70 to 1	- 4 19 Le				
	that (1) (we) last saw the deceased alive on & G - 19 To and that In(my) (our) apinian deoth occurred on the date							
and have and from the causes stated above, (i) (We) (did) (did not) view the body after death.								
23A. SIGNATURE	M.D. Atten			23B. DATE SIGNED				
23C PHYSICIANS	DEGREE Phys.	Director L P	hys.	8-4-70.				
23C.PHYSICIAN'S NAME (Type)		8inan hap	. of Baltimere	7				
WISET TANG CHAI	H.D. DEGREE							
24A. BUNAL CREMATION, 24B. DATE 24C.	NAME OF CEMETERY OF CREA	AATORT 24D. LO	CATION (City	town, or county! (State)				
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME	OF REGISTRAR	25C FUNERAL BURGOS	Result	e Mollio Max				
AUG 1 2 1970 P. C. A. E. Ja.		25C. FUNERAL DIRECTOR	1.)/	ADDRESS 1/1/2				
VS 150-REV. 1/1/68	an wat	June 7	1/cente	e parlevelle				



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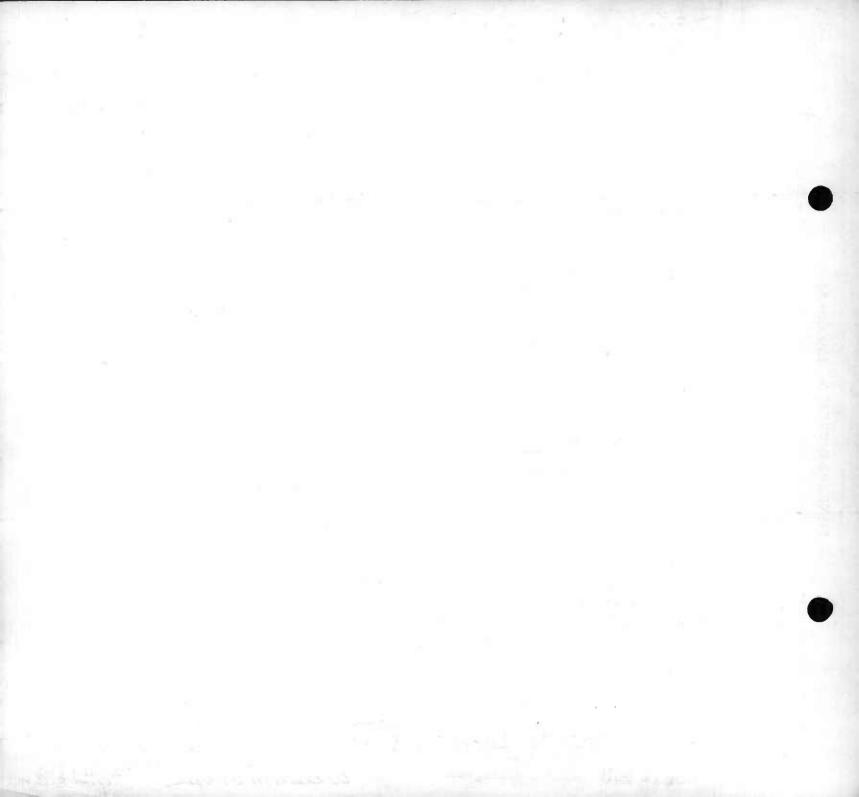
R are	BALTIMORE CITY	HEALTH DEPARTMENT	.87	70 8013
BIRTH NO. 70 8013	CERTIFICA	TE OF DEATH	REG. NO	00.70
1. NAME OF DECEASED (Type or Pant)	Marie	2. DATE	AND HOUR OF DEATH	11.50
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE		4. USUAL RESIDENCE	Where deceased lived, II in	stitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	N, GIVE STREET	A. STATE B. CO		806
1		Baltimo		DE CITY LIMITS?
Johns Hopkins Hospital		E. STREET AND NUMBE		St.
WIDOWED X	DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Hours Min.
tOA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUS	INESS OR INDUSTRY	11. SIRTHPLACE (State of	fareign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife at ho	ome	KXXXXXX B	altimore, Md	1 1991 (1SH
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	. 441
John Busky		u	nknown	V
(183, no or unknown) ut yes, give wor or doles of service)	SOCIAL SECURITY NO.	17. INFORMANT	4.1	ADDRESS
18.	5-09-9447 CAUSE OF DEATH		tinger,dght	, above
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	onost or bean	01	01/1	BETWEEN ONSET AND DEATH
(This does not mean the made of dying, e.g., heart foilule, asthenia, etc. It means the disease.	DUE TO, OR AS A	CONSEQUENCE OF:	& Almorrhag	e luk.
injury or camplication which coused death.)		21/0.10		
ANTECEDENT CAUSES	(B)	ASCUD	*****************************	***************************************
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoting the UNDERLYING CONDITION tast.	(c)	A CONSEQUENCE OF:		
z				
TO THE DEATH BUT NOT RELATED TO THE TERMINAL				
DISEASE OR CONDITION GIVEN IN PART 1 (A).	H OPERATION	20A. AUTOPSY? (Yes or		INDINGS CONSIDERED
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19R CONDITION FOR WHICE WAS PERFORMED		Ves	IN CERTIFYING CAL	JSES OF DEATH?
OR CONTRIBUTING CAUSE OF home, for elc.	CE OF INJURY (e.g., in m, factory, street, offi	or about 2 C. WHERE DID ce bidg., IHJURY OCCURS	(If In Boltimore	City, give exact location)
OF INJURY (Month) (Day) (Yearl (Hour) 21E, INJU	RY OCCURRED	21F. HOW DID	NJURY OCCUR?	
(APPROX.) While At	Not While			
22. I certify that (I) (this hospital) attended the de	ceased from	8/5	_19 <u>ZO</u> to	8/6 1976
that (i) (we) last saw the deceased alive on	8/6	19/20 and	that in (my) (our) opin	ton death occurred on the date
and have and from the causes stated above (1) (We	did) (did not) vi	ew the bady after deat	h.	
Stephen Miller M.	Atten Phys.	ding Med. Director	Staff Phys.	23R DATE SIGNED
Stephen T. M. //	22	The Johns	Hopkins Hos	pital
24A. BURIAL CREMATION, 24B. DATE 24C. NAME (REMOVAL (Specify)	DEGREE OF CREA			y, lown, ar county! (Stotel
Burial 8/10/70 Balt	imore Cem	etery	Baltimore, M	Md.
AUG 12 1970 Jaber E. Varban	GISTRAR	25C. FUNERAL DIRECT	or KFuneral Ho	ADDRESS
VS 150-REV. 1/1/68		2221/	Brehms Land	2



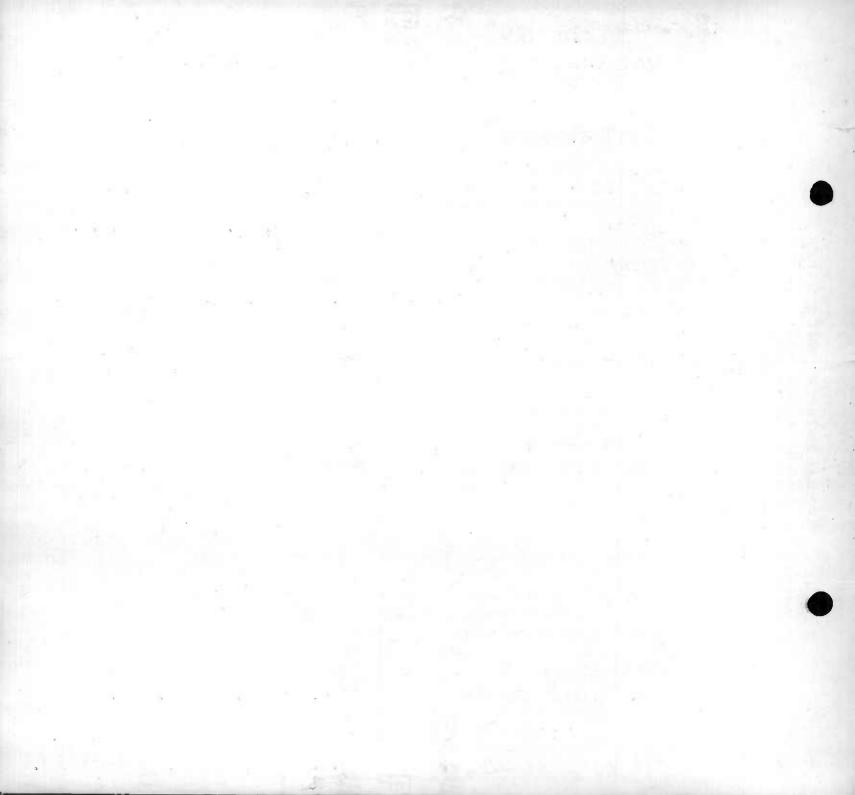
	<del>-320</del> 70 801	A	HEALTH DEPARTMENT	REG. NO.	0 8014			
	RTH NO.	CERTIFICA	TE OF DEATH	REG. NO.				
	NAME OF DECEASED  ype of Print)  JULIAN O.	C FITZ		D HOUR OF DEATH				
3.	PLACE IN BALTIMORE, MARYLAND, WHERE P		Aug.	5, 1970	stitution: residence before admission)			
FL	ULL NAME OF (IF NOT IN HOSPIYAL OR OSPITAL OR ADDRESS OR LOCATION)		Md.		DE CITY LIMITS?			
,	35 Church Home Hos	pital	Baltimore E. STREET AND NUMBER 2128 E. Ba	ltimore S	YES NO			
n	nale   white   wide	RRIED NEVER MARRIED DIVORCED	8. DAYE OF BIRTH 1/29/13	9. AGE (in years lost birthdoy)	If Under 1 Ye if Under 24 Hrs. Months Doys Hours Min.			
do	A. USUAL OCCUPATION (Give kind of work 10B, KIP ne during most of working life, even if refired)	NO OF BUSINESS OR INDUSTRY		gn country)	12. CITIZEN OF WHAT COUNTRY			
13.	self-employed FATHER'S NAME		Virginia 14 Mother's Maiden NAM	45				
	Charles B. Fitz		1111 1212 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	de Taylor				
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s, no of unknown) (if yes, give wor of doles of ser	vice) 16. SOCIAL SECURITY NO. 217-14-9150	17. INFORMANT Helen Szllac	hotka Fit	ADDRESS			
	18. and	CAUSE OF DEATH	i de la della de la della de la della dell	netka rita	APPROXIMATE INTERVAL			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, heart foilure, asthenia, etc. it means the dis	e.g., (A) IMMEDIATE CAU	SE USON OF 3	howlo	Setween onset and death  3 dough			
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any,	(B) A 0	A CONSEQUENCE OF:	****************	5 Cleans			
	rise to the above cause (A) stating UNDERLYING CONDITION last.	The (C)	A CONSEQUENCE OF:	******************************	3			
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A).	NAL		************************				
ERTIFIC,	19A-DAYE OF OPERATION 19R CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUYOPSY? (Yes or No.	208, IF YES, WERE FI	INDINGS CONSIDERED ISES OF DEATH?			
CAL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAYH (nolify medical examine)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)	or obout 21C. WHERE DID INJURY OCCUR?	(If in Boltimore	City, give exact lecation)			
MEDI	21D-TIME (Month) (Doy) (Year) (Hour) (APPROX.)	While At Not While Work At Work	21F. HOW DID INJU	JRY OCCUR?				
	22. I certify that (1) (this hospital) attended the deceased fram 19 to 19 to 19 to 19 to 19 that (1) (we) last saw the deceased alive an 19 and that in (my) (aur) apinian death accurred an the date							
	and haur and from the causes stated above. (1) (We) (did) (did not) view the bady after death.							
	23A. SIGNAYURE QUELLA	Dh.	ding Med.	Staff Phys.	23R DAYE SIGNED			
	23C. PHYSICIAN'S NAME (Yype) Dr. Paul Sch	e le le 2	3D. ADDRESS	napolis Ro	ad			
24A	REMOVAL (Specify) 248, DATE 24	IC. NAME of CEMEYERY OF CREA			, town, or county) (State)			
	Burial 8/8/70	Mt. Olive: Cer	netery Ba	ltimore, M	ld.			
	AUG 1 2 1970 Robert E Jan	ME OF REGISYRAR	25C FUNERAL DIRECTOR SCHIMUNEK 1 2601 E	Funeral Ho Madison St	me, Inc.			
VS	150-REV. 1/1/68							



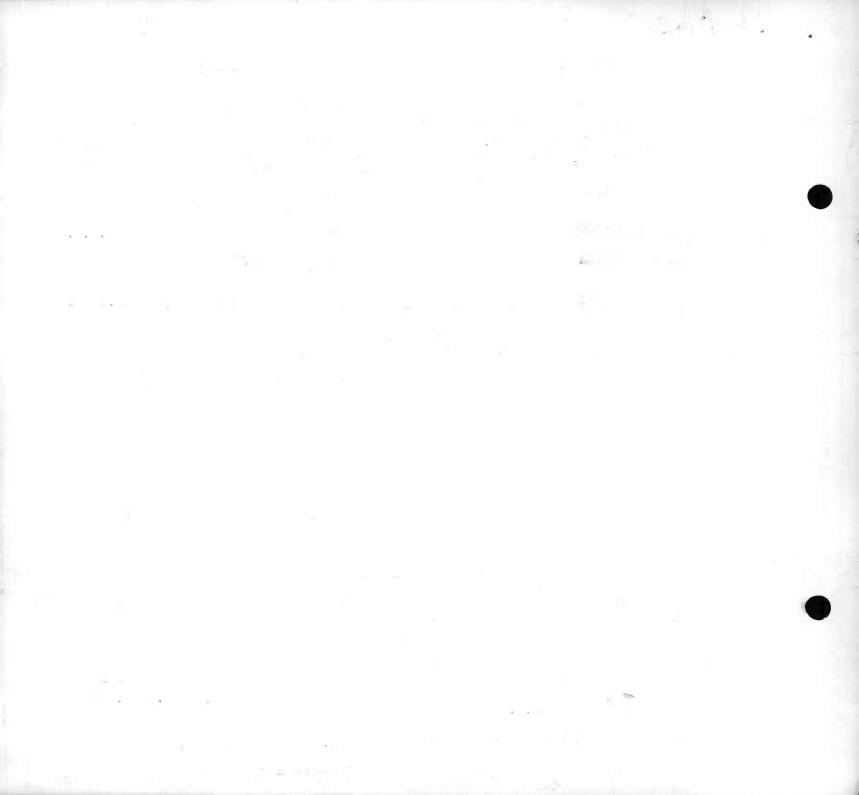
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. 1			BALTIMORE CITY	HEALTH DEPARTMENT		70 2212	
N1-26 BIRTH NO.	0 70	8016	CERTIFICA	TE OF DEATH	REG. NO	70 8016	
I.NAME OF DEC	EASED	00	n	2. DATE	AND HOUR OF DEAT	Н	
(Type or Print)	CRAE.	DNN	n. P.	Au	gust 8, 19	70   M.	
3. PLACE IN BAL	TIMORE MARYLAND, V	WHERE PRONOU	INCED DEAD	4. USUAL RESIDENCE (V	Vhere deceased lived. If	institution: residence before admission)	
FULL NAME OF HOSPITAL OR	(IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTITU	TION, GIVE STREET	Maryland c. CITY OR TOWN Baltimore  D. INSIDE CITY LIMITS? YES X NO			
NOTITUTION	ADDRESS OR LOC	A HON					
00 34	48 Hickory	Arranija					
0031	TO HILCHOLY	Avenue		3448 Hick	ory Avenue		
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.	
Female	White	WIDOWED	DIVORCED	July 4, 190	2 (68 bjethdoy)	TVIOLIS DOYS THOUSE	
MA. USUAL OCC	UPATION (Give kind of wor			11. BIRTHPLACE (State or		12. CITIZEN OF WHAT COUNTRY	
done during most of Housew	working life, even if retired)			Baltimore,	Md.	U.S.A.	
3. FATHER'S NA	ME		-	14. MOTHER'S MAIDEN			
Tr.a	Moninon				Canhia	9	
	Mariner Ever in U. S. Armed Fo	2	14 rocial	17. INFORMANT	Sophie	ADDRESS	
Yes, no or unknown	(If yes, give wor or dot	es of service)	1 6. SOCIAL SECURITY NO.				
No			219-10-1522	Mr. Donald	Drumm	Same As #4	
DISEASES (ise In III) UN DERLYIN  OTHER SIGNII TO THE DEA DISEASE OR CO 19 A. DATE OF CONTRIB	ANTECEDENT CAUSE:  OR CONDITIONS, if the above couse (A) G CONDITION last.  II  FICANT CONDITIONS COUST (A) CONDITION SITE (A)	ony, giving stoting the only the stoting the only the stoting the only the stoting that the stoing that the stoting that the stoting that the stoting that the	(B) DUE TO, OR AS  (C) WHICH OPERATION  PLACE OF INJURY (e.g., i e., form, foctory, street, of	A CONSEQUENCE OF:  A CONSEQUENCE OF:  20A. AUTOPSY? (Yes of Injury Occur)	Outu  No) 20B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED CAUSES OF DEATH?	
21D. TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?		
▼ While At  Not Whi							
WORK LI AT WORK LI							
that (I) (we	d from the fauses sto URE Un Tolde	ed alive an	) (We) (did ) (did nat) v	riew the body after dea	Shaff Phys.	pinian death accurred an the dat  238, DATE SIGNED  Aug. 10, 1970	
24A. BURIAL CRE	MATION, 248, DATE		ME of CEMETERY of CRI			(City, town, or county) (State)	
Buria	(Specify)		akeview Men		Carroll		
25A. DATE REC'D	BY HEALTH DEPT.	258. NAME O		25C. FUNERAL DIREC		County, Md.	
AUG 12	2 1970 Robert	E. Jaba	KD,			Sykesville, Md.	
VS 150-REV. 1/1/	68		And the second				



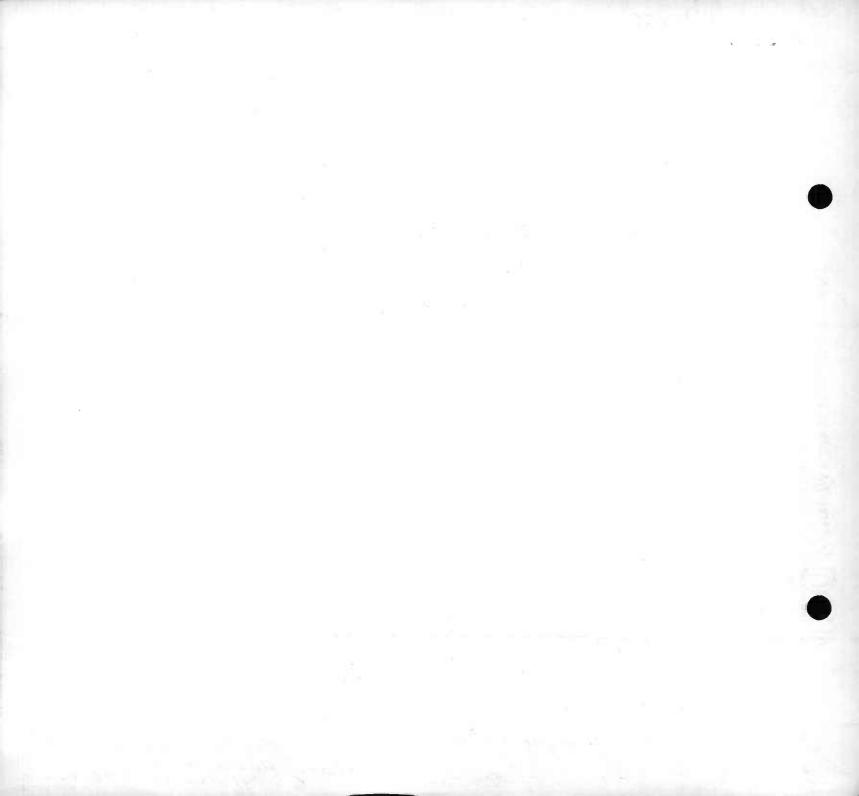
BIRTH	1-360	70	80:	E /	HEALTH DEPARTMENT	X	70 8017	
1.NAA	ME OF DECEASED	ATEER, J	ohn Wi	lliam	2. DATI	AND HOUR OF DEATH	1 -1 -1 E D	
3. PL A	ACE IN BALTIMORE,				A LISUAL PESIDENCE		1:15 P N	
FULL	NAME OF (IF	NOT IN HOSPITA	AL OR INS	TIUTION, GIVE STREET	4. USUAL RESIDENCE (Where doceosed lived. If institution: residence beloro odmission A. STATE 8. COUNTY  Maryland Baltimore  C. CITY OR TOWN  D. INSIDE CITY LIMITS?			
Veterans Administration Hospital 3900 Loch Raven Blvd. Baltimore, Maryland 21218					E. STREET AND NUMBER  - TERRACE-DALE			
5. SEX								
Val	e Whi	ite	WIDOWE		1-10-18	9. AGE (in years lost birthdoy) 52	If Under 1 Yr. II Under 24 Hrs. Manths Days Hours Min.	
Cam	pus Control	e, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	Naryland	foreign country!	12. CITIZEN OF WHAT COUNTRY U .S .A.	
13. FA1	THER'S NAME				14. MOTHER'S MAIDEN	NAME		
Da	vid I Hendr	rick			Anna G. Scre	een		
5. Wes	s Deceased Ever in U	J. S. Armed Ford	:08?	1 6. SOCIAL	17. INFORMANT	ecords	ADDRESS	
		-23 to 1			VAH, 3900 Loch Raven Blvd, Balto., Nd. 21218			
n's UI	ISEASES OR CON THE INTERPRETATION OF THE ISEASES OR CONDITION THE SIGNIFICANT CO	cause (A) ITION lost,  II	slaling II	(C)	A CONSEQUENCE OF:			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 1 21B. PLACE OF INJURY (A.S. IN					20A. AUTOPSY? (Yes o	No. 208. IF YES, WERE	FINDINGS CONSIDERED	
OP	OP CONTRIBUTING CAUSE OF			20A. AUTOPSY? (Yes or No.)  Yes  or obout 21C. WHERE DID (If In Boltimore City, give exect location)  in Certifying Causes of Death?  (If In Boltimore City, give exect location)				
S DE	ATH (natify medical		el	c)				
SOF	PPROX)	(Day) (Yeor)	V	/hile AI Not While At Work		INJURY OCCUR?		
22.	I certify that 道)	(this hospital)	attended		April 13	19 70 to Au	gust 7, 19 70	
tho	at OI (we) last sav	the deceased	alive on	August 7,	19.70 and	that in (mg) (our) api	nfan death accurred on the date	
and	d haur and from th	e couses state	d above.	(N) (We) (did) (illering) vi	ew the body after dea	th.		
234	23A. SIGNATURE  Maryuerite Morien MA Director Director Phys. 38-8-70							
230	NAME (Type)	o Noven	MD	2	3900 Loch Ra	ven Blvd.Balto		
24A. BL	Narguerit	248. DATE	24C.1	DEGREE NAME of CEMETERY OF CRE	MATORY 24E	LOCATION (Ci	ty, town, or county) (State)	
Burial 8/11/70 Louden National Cem. Baltimore, M							Maryland	
					25C. FUNERAL DIRECT		ADDRESS	



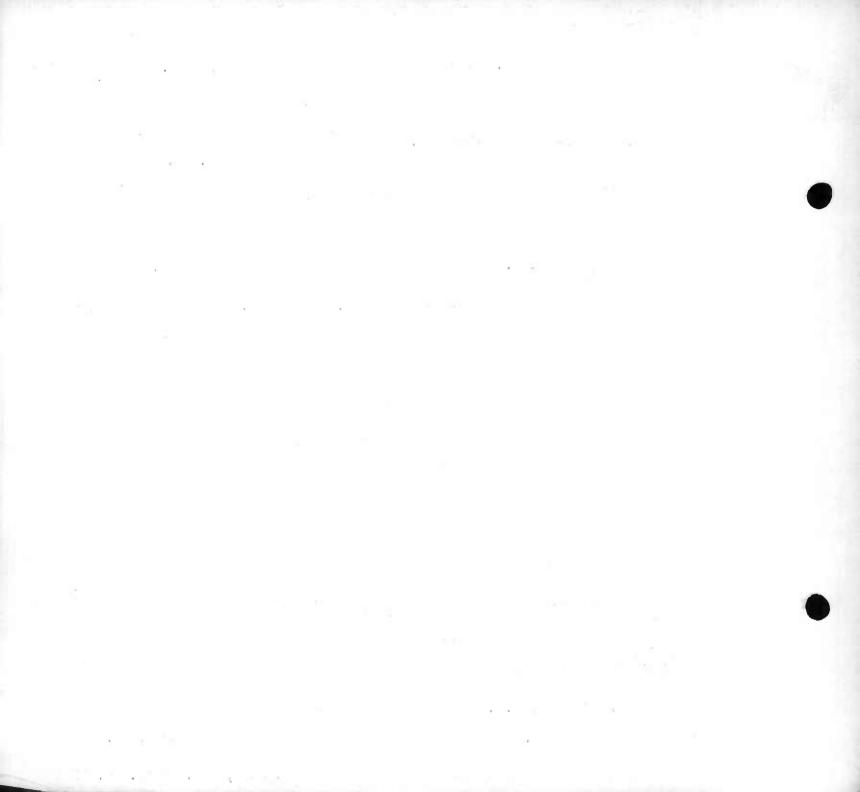
1 - FOO DOLO BALTIMORE CIT	Y HEALTH DEPARTMENT 70 0019							
BIRTH NO. CERTIFICA	ATE OF DEATH REG. NO. NO. NO.							
1. NAME OF DECEASED	2, DATE AND HOUR OF DEATH							
(Type or Print) NORMAN W. Lohn SR.	August 8 1970 1 955 Am							
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)							
	A. STATE, B. COUNTY							
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	ME BATTO. WILLO /201							
INSTITUTION //- C and all	C. CITY OR TOWN D. INSIDE CITY LIMITS?							
MARYLAND GENERAL HOSpital	E. STREET AND NUMBER							
14X	Las I le 20 +6 Ct							
5. SEX   6. RACE   7. ALARDIED OF SITUED ALARDIED	100 W. 39 (CS)							
MARKIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. 11 Under 24 Hrs. Months Doys Hours Min.							
MIA COLLECTION WIDOWED DIVORCED	0-01-10 60							
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even il refired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY							
Self-employed HARDWARE	BAltimore, Md- US.71							
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
UNKNOWN CHRISTOPHER LOHN	/ On V. ADA							
15. Was Deceosed Eyer in U. S. Armed Forces? [1 6. SOCIAL	CIVINOWN							
(testing of nuknown) (ii) her's dive mot of gotes of service)   SECURITY NO.								
NO 216-099-434	Doris E. Lohn 108 W 39th St.							
18. CAUSE OF DEAT	THE THE PARTY OF T							
DISEASE OR CONDITION DIRECTLY Dryper	GT bleedweg BETWEEN ONSET AND DEATH							
LEADING TO DEATH	USE							
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	A CONSEQUENCE OF:							
injury or complication which caused death.)	rageal ulcuation							
ANTECEDENT CAUSES 2 Pulmo	onary Embalus-masiens							
	A CONSEQUENCE OF:							
ise to the above cause (A) stating the UNDERLYING CONDITION tast.	ulmonary artary							
GNDERLING CONDITION lost. (C)								
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING								
TO THE DEATH BUT NOT RELATED TO THE TERMINAL								
DISEASE OR CONDITION GIVEN IN PART 1 (A).  194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20A-AUTOPSW Tres or Noll 20B, IF YES, WERE FINDINGS CONSIDERED							
IN CERTIFYING CAUSES OF DEATH?								
U 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJUST (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location)								
OP CONTRIBUTING CALLED OF								
D 210-TIME (Month) (Day) (Year) (Hour 21E INJURY OCCURRED								
S OF INJURY	21F. HOW DID INJURY OCCUR?							
(APPROX.) While At Not While At Work At Work								
22. I certify that (I) (this haspital) attended the deceased fram August 19 70 to August 8 19 70								
that (1) (we) lost saw the deceased olive on August 8 19 1970 and that in (my) (our) opinion death accurred on the date								
The date of the state of the state of the date								
and hour and fram the causes stated abave. (I) (We) (did))(did nat) view the body after death.								
25th DATE STORED								
( ) O O O O O O O O O O O O O O O O O O								
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS							
OF CAPPE								
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CRI	EMATORY 24D. LOCATION (City, town, or county) (Stote)							
BURIAL 8/11/70 LOUDON PARK	1/ 5							
DEA DATE REFUG ON LIFE AND THE STATE OF THE								
AUG 12 1970 Valent & Janes M. O.	MITCHELL' WIEDEFELD HOME							
VS 150-REV, 1/1/68	PATHOUSDED MIEDELEDD HOME							



1	0-452 70 80		HEALTH DEPARTMENT	REG. NO.	70 9019
	RTH NO.	CERTIFICA	TE OF DEATH	REO. 110.	70 00.0
	Pe or Print)		2. DATE AND	HOUR OF DEATH	1 859 A M
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PI	ONOUNCED DEAD	4. USUAL RESIDENCE Where	leceosed lived. Il institut	tion: residence beloro admissioni
II H	JLL NAME OF (IF NOT IN HOSPITAL OR I OSPITAL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	Manyland B. COUNTY	D. INSIDE C	52,00
	38		Glen Byrnia	YE	s □ NO □
j	Iniversity of Manyland	Hospita)	E. STREET AND NUMBER		
2.	SEX 6. RACE TO MAR		I IOST	AGE (In yours II birthday) Ma	Under 1 Yr. II Under 24 Hrs.
10/	WIDO  USUAL OCCUPATION (Give kind of work 108, KIN		Jun. 17-1895	75	
dor	de during most of working life, even it relifed	0 0 0	1 1		CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME	+0. R.R.	14 MOTHER'S MAIDEN NAME		USA
	William - 1 Wil	11.000	0		
15.	Was Daceased Ever in U. S. Armed Forces?	11 6. SOCIAL	17. INFORMANT	LNIKNOW	M
(16	s, no or unknown) (ii yes, give wor or dotes of sore	icel SECURITY NO.	1.0	A 272.7	ADDRESS
W	nknown	705-09-8197	wife.	Sle	Alaone.
	DISEASE OR CONDITION DIRECTLY	GUOSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A)IMMEDIATE CAU	se (one by	Homorrhae	12 lune.
	(This does not meon the made of dying, heart failure, asthenia, etc. It means the disc	0 0	A CONSEQUENCE OF:	176111011000	0 16 2003
	injury or camplication which caused death.)		Δ	V	
	ANTEGEDENT CAUSES	(B)	45 CUITD		to yous.
	DISEASES OR CONDITIONS, if any, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:	1	
	UNDERLYING CONDITION lost.	(c)	old. Myscardi	ial Infact	on Tyrs-
ATION	01HER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERMI	NG NAL		V	
ERTIFICA	DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes of No.) 20	R. IF YES, WERE FINDS	NGS CONSIDERED OF DEATH?
CALC	21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (noffy medical examines)	21B. PLACE OF INJURY (e.g., Inhome, Iorm, foctory, street, all otc.)	or about 21 C. WHERE DID	(il in Boltimore City	, give exact location)
ш	21 D. TIME (Month) (Day) (Yearl (Houd) OF INJURY	21E INJURY OCCURRED	21F. HOW DID INJURY	O CCUR?	
Z	(APPROX)	While At Work At Work			
	22. I certify that (I) (this hospital) attend			o to 9 Am	0 7 91 8
	that (1) (we) fast saw the deceased alive				death accurred an the date
	and haur and from the causes stated abov	e. (f) (We) (dld) (dld nat) vf	ew the bady after death.		and an interest
	23A. SIGNATURE	1		23 8.	DATE SIGNED
	1 vi-cuc	DEGREE Phys.	Med. Staff Director Phys		05/0/8
	23C. PHYSICIAM'S NAME (Type)	2	3D. ADDRESS	1)	
24 🗚	Diephen O. Oreen berg	M.D. DEGREE	an. 8 Wanderd	Hospital	
~ 450	REMOVAL (Specily)	01 11.1	MATORY 24D. LOCA	TION (City, tov	vn, or countyl (Stote)
254	DURIA 12 Aug 70	CedAR Hill	Cem. BAI	To. A	76. 196
_ ~ ~	AUG 1 2 1970 R.B. S. F.	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	rel Bone	ADDRESS
VS	150-REV. 1/1/68	LOSIN LIN	13 40	1 Crain Hy	SI= Hlon Burner 2



BIRTH			TE OF DEATH	REG. NO.	70 8020
	or Print) WITLIAM H	BURNS		t 10, 1970.	4.00
3. PL/	ACE IN BALTIMORE, MARYLAND, WHERE PR	-	4. USUAL RESIDENCE I When	e deceased lived If in-	stitution: residence before admission)
FULL	NAME OF (IF NOT IN HOSPITAL OR II	ASTITUTION, GIVE STREET	Maryland	Baltimor	e 5300
ITZNI	TUTION ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INSIE	DE CITY LIMITS?
6	House in the Pines	(Belair Rd.)	Glen Arm E. STREET AND NUMBER		YES NO X
/	0		Box 609 Harfo	ord Rd. Rt.	2
1	ale White Wido		April 24, 1910	ost birthdoy)	II Under 1 %. II Under 24 Hrs. Months Doys Hours Min.
Re	SUAL OCCUPATION (Give kind of work TOB, KIN uring most of working life, even if refired) tired Master Electricia		11. BIRTHPLACE (Stote or lore) Maryland		USA
	Robert E. L.	Burns	14. MOTHER'S MAIDEN NAM		. Schieswohl
15. Wa (Yes, no	s Deceased Ever in U.S. Armed Forces? o or unknown) (If yes, give wor or dotes of serv	ice)   1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No	141-09-4891A	Mrs. Gertrude I	. Nagy	(Same)
18.	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF DEATH		Chai	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ris UI	ANTECEDENT CAUSES  ISEASES OR CONDITIONS, if any, give to the above cause (A) stating NDERLYING CONDITION last.  II  THER SIGNIFICANT CONDITIONS CONTRIBUTION THE TERMINATE CONTRIBUTION THE TERMINATE OF THE TERM	(c) Congestion	A CONSEQUENCE OF:  inom S) the 6-  Heart Durker  Constitution	Vision Vision	(2)
<  DI:	SEASE OR CONDITION GIVEN IN PART 1 (A).  A DATE OF OPERATION 198. CONDITION FWAS PERFORMED	***************************************	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
A DE	A. ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF CATH (notify medical examined)	218. PLACE OF INJURY (e.g., in home, farm, factory, street, old elc.)	or obout 21C. WHERE DID	(If In Boltimore	City, give exect location)
S OF	D-TIME (Month) (Doy) (Yeor) (Hour) PPROX.)	21 E INJURY OCCURRED  While At Work  At Work	21F. HOW DID INJU	RY OCCUR?	/ /
	• I certify that (I) (this hespital) ottende		6/10/19	70 to	8/10/19/0
	at (1) (we) last saw the deceased alive			t in (my) (ovr) opini	on death occurred on the date
23A	d hour and from the causes stated obov	e. (I) ( <del>Ve) (did</del> ) (did not) vi	ew the body after deoth.		
	Allow B Buch	- Dh.	iding Med. S	itaff	23R, DATE SIGNED
230	C. PHYSICIAN'S NAME (Type)	DEGREE Phys.	Director P	'nys. └─I	0 / 1// /0
	ALBERT B. BRADLEY, M.	D. DEGREE	4900 Belair	Road 212	206
24A. BI	URIAL CREMATION, 24B. DATE 241 EMOVAL (Specily)	Parkwood Cemetery of CRE	MATORY 24D. LO		town, or county) (Stote)
25A. D	UG 1 2 1970 Paber & Jan	AE OF REGISTRAR	25C. FUNERAL DIRECTOR	ck, Inc. Ba	ADDRESS  1to. Md. 21214



H-635 BALTIMORE CI	TY HEALTH DEPARTMENT
	ATE OF DEATH REG. NO
I.NAME OF DECEASED (Type or Pant)	2. DATE AND HOUR OF DEATH
HARTMANN JOHN GE	ORGE Hugust 10, 1970 11,50 8
3. NACE THE SYTHMORE WASTE WOLD MHERE SECONDUNICED SEAD IN	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE  R. COUNTY
FULL NAME OF THE NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	MARYLAND 2759
HOSPITAL OR ADDRESS OR LOCATION)  10-2-70	C. CITY OR TOWN D. INSIDE CITY LIMITS?
1/1/4 . 11 . / 11 . +1	BALTIMORE YES NOT
YUNION MEMORIAL HOSPITAL	E. STREET AND NUMBER
	4317 MARBLE HALL ROAD
5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED NO.	8. DATE OF BIRTH  9. AGE (In years   If Under 1 Yr.   If Under 24 Hrs.
THIDOTICAL N DIVORCED I	11/0-22 12 77 1
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTI done during most of working life, even it retired)	12. CHIZEN OF WHA! COUNTRY
Salesman-Retired	MARYLAND U.S.A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Henry J. Hartmann	Katherine L. Blum
15 Was Deceased Funda II S A. J.E. A.	17. INFORMANT ADDRESS
(Yes, no or unknown) (III yes, give wor or dotes of service) NO  10. SOCIAL SECURITY NO. 577-03-9004	ADDRESS
18. 4 / 2 2 1 CAUSE OF DEA	Mr. William Hartmann, 5700 Sefton Ave. 21214
CAUSE OF DEA	obor preumonia with BETWEEN ONSET AND DEATH
LEADING TO DEATH	O - Ald Rance
This does not meen the mode of dying, e.g.,	AUSE  A CONSEQUENCE OF:
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	A CONSEQUENCE OF,
ANTECEDENT CAUSES	losclerotic heart disease
DISEASES OR CONDITIONS, if any, giving DUE TO, OR A	S A CONSEQUENCE OF:
rise to the above cause (A) stating the	
chron:	c congestive heart failure
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
U 10A DATE OF COMPANION LINE	2004 AUTOPSY? (Yes or No!) 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	20A AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	in or about 21C. WHERE DID  (if in Bollimore City, give exact location)
OK CONTRIBUTING   CAUSE OF home, form, lactory, street, etc.)	ince bidg., INJURY OCCUR?
O 210. TIME (Month) (Doy) (Year) (Hour 215 thister Occupans	21F. HOW DID INJURY OCCUR?
S OF INJURY    IAPPROX.)  While At   Not Whi	
Work Al Work	
22. I certify that (1) (this hospital) attended the deceased from that (1) (we) last saw the deceased alive on 8/10	8/10 (4.40 PM) 19 70 to 8/10 (11.50 pm) 19 70
IDOT III IWAI IDSE SOW the decement altrades   /////	19and that in (my) (our) opinion death occurred an the date
	the date
and hour and from the causes stated abave. (1) (We) (did) (did not)	view the body after death.
and hour and from the causes stated above. (j) (We) (did) (did nat)	view the body after death.    23B. DATE, SIGNED,
and hour and from the causes stated above. (1) (We) (did) (did not)	view the body after death.  23B. DATE, SIGNED,
and hour and from the causes stated above. (j) (We) (did) (did not)  23A, SIGNATURE  Att  23C, PHYSICIANS  NAME (type)	view the body after death.  23B. DATE SIGNED,
and hour and from the causes stated abave. (1) (We) (did) (did not)  23A. SIGNATURE  Why  Arauschans by  23C. PHYSICIAN'S  NAME Pypel  MIGUE RARICUSCHANSKY, M.D.	ending Med. Shaff Phys. 23B. DATE SIGNED. 23B. DATE SIGNED. 23B. ADDRESS
and hour and from the causes stated above. (1) (We) (did) (did nat) and the causes stated above. (1) (We) (did) (did nat) and an accordance of the causes stated above. (1) (We) (did) (did nat) and accordance of the causes stated above. (1) (We) (did) (did nat) and accordance of the causes stated above. (1) (We) (did) (did nat) and accordance of the causes stated above. (1) (We) (did) (did nat) and accordance of the causes stated above. (1) (We) (did) (did nat) and accordance of the causes stated above. (1) (We) (did) (did nat) and accordance of the causes stated above. (1) (We) (did) (did nat) and accordance of the causes stated above. (1) (We) (did) (did nat) and accordance of the causes stated above. (1) (We) (did) (did nat) and accordance of the causes stated above. (1) (We) (did) (did nat) and accordance of the causes stated above. (1) (We) (did) (did nat) and accordance of the causes stated above. (2) (We) (did) (did nat) accordance of the causes accor	ending Med. Staff Med. Med. Med. Med. Med. Med. Med. Med.
and hour and from the causes stated above. (1) (We) (did) (did nat)  23A. SIGNATURE  Att.  23C. PHYSICA APTS  NAME Typel  ATT.  ATT.	ending Med. Staff Phys. 23B. DATE SIGNED. 23B. DATE SIGNED. 8 10 70  23D. ADDRESS  WEMORIA HOSPITA  EMATORY 24D. LOCATION (City, fown, or county) (State)
and hour and from the causes stated above. (j) (We) (did) (did not) and constant of the causes stated above. (j) (We) (did) (did not) and caused above. (j) (We) (did) (did not) above. (j) (did) (did) (did not) above. (j) (did) (did) (did) (did) (did)	politing Med. Stoff Phys. 238. DATE, SIGNED. 8 10 70  23D. ADDRESS  WEMATORY  24D. LOCATION (Gity. town, or county)  Baltimore, Md.
and hour and from the causes stated above. (j) (We) (did) (did not) and constant of the causes stated above. (j) (We) (did) (did not) and constant of the causes stated above. (j) (We) (did) (did not) and causes stated above. (j) (We) (did) (did not) are causes stated above. (j) (We) (did) (did not) are causes stated above. (j) (We) (did) (did not) are causes stated above. (j) (We) (did) (did not) are causes stated above. (j) (We) (did) (did not) are causes stated above. (j) (We) (did) (did not) are causes stated above. (j) (We) (did) (did not) are causes stated above. (j) (We) (did) (did not) are causes stated above. (j) (We) (did) (did not) are causes stated above. (j) (we) (did) (did not) are causes stated above. (j) (we) (did) (did not) are causes stated above. (j) (we) (did) (did not) are causes stated above. (j) (did) (did) (did not) are causes stat	ending Med. Staff Phys. 23B. DATE SIGNED. 23B. DATE SIGNED. 8 10 70  23D. ADDRESS  WEMORIA HOSPITA  EMATORY 24D. LOCATION (City, town, or county) (State)

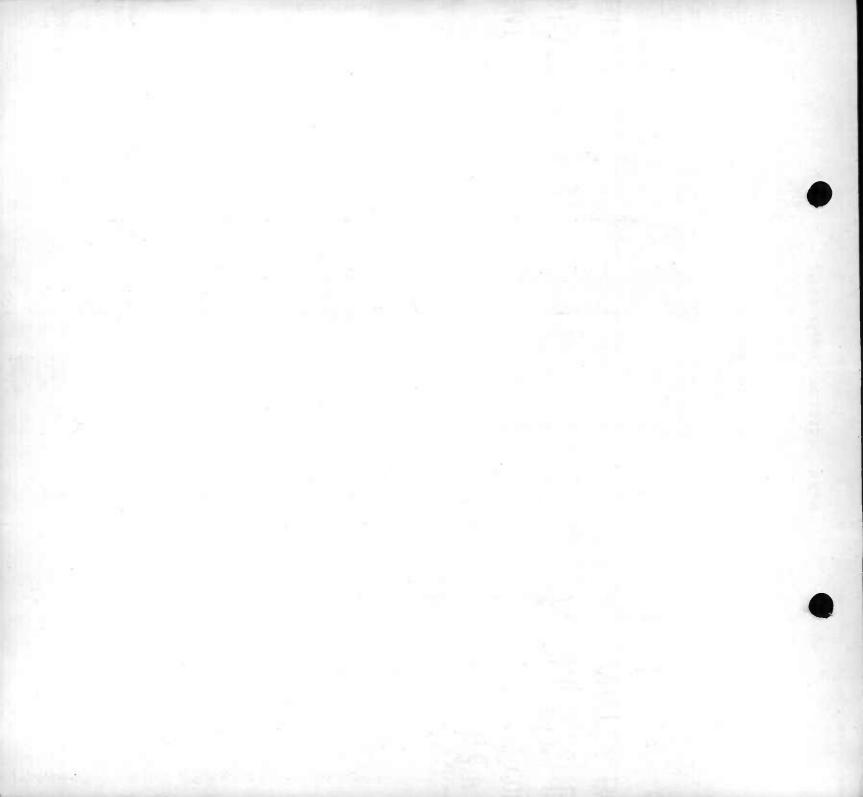
Letter from Union Memoiral Hospital 10-2-70 M.H.

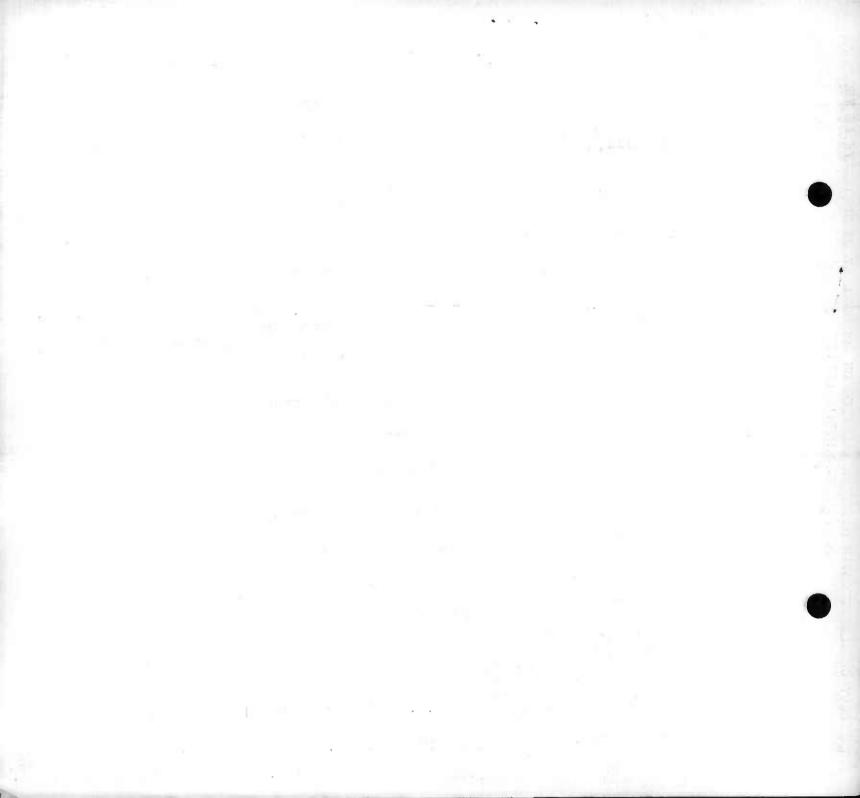
FUNERAL DIRECTOR:

C-53	2 70	8022		HEALTH DEPARTM		EG. NO.	70 80	22
I.NAME OF DEC	UT D. C.		CERTIFICA		ATE AND HOUR	OF DEATH	00	
(Type or Print)	JOSEPH	INE	CONTICEL		August 9,		4	15 P
3. PLACE IN BAL  FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITU		A. STATE  Maryland  C. CITY OR TOWN	CE (Where decease COUNTY		27	before odmission
00	6927 Harford	Road		Baltimore E. STREET AND NU 6927 Harfo			YES X 1	NO []
female	caucasian	WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH NOV. 1, 189	9. AGE (I lost birthd	oy) 76	Il Under 1 Yr. Months Doys	If Under 24 Hr. Hours Min.
housewi:	varking lile, even if retired) Ĉ⊖	108, KIND OF	BUSINESS OR INDUSTRY	I taly	e or loreign country	)	U.S.	
13. FATHER'S NAM	Salvatore B		0	14. MOTHER'S MAID Anton:		·a		
5. Was Deceased Yes, no or unknown)	Ever in U.S. Armed Ford (If yes, give wor or dolor	es? s of service)	16. SOCIAL SECURITY NO. 219-12-5395	17. INFORMANT  B Miss Mary	y Contice]	110. 692	ADDRE	
DISEASES O rise to the UNDERLYING OTHER SIGNIFI TO THE DEATH UISEASE OR CO	R CONDITIONS, if of obove cause (A) obove cause (A) of CONDITION last.  CANT CONDITIONS CON I BUT NOT RELATED TO THE DISTRIBUTION GIVEN IN PART OPERATION 198, CONE	Stoling the  ITRIBUTING E TERMINAL 1 (A).	(c)	A CONSEQUENCE OF		Vee		
LOB CONTRIBUT	T WAS UNDERLYING TING CAUSE OF medical examiner	DRMED	PLACE OF INJURY (e.g., in	or obout 21 C. WHERE	IN CER		NDINGS CONSID SES OF DEATH? City, give exoct to	
DEATH (notify  21D. TIME  OF INJURY  (APPROX.)	(Month) IDey) (Year)		NJURY OCCURRED  Not While At Work		DID INJURY OCC	U R?		
that (I) (we)		olive on	Avgust 7 (We) (did net) vi		and that In(my)		on death occur	
23A. SIGNATUI	all D.	Fran	M. Degree Phys.	Med.	Staff [		23 & DATE SIGNED	>
PHYSICIAN NAME (Ty	Dr. Fully		nn DEGREE		C. Chase S	t, Balt	co, Md.	
burial	8/13/70	Но	me of cemetery of creatly Redeemer		Baltimor		town, or county)	(Stole)
AUG121	970 Best E	Ja Ban		Leonard		nc, Bal	to, Md.	

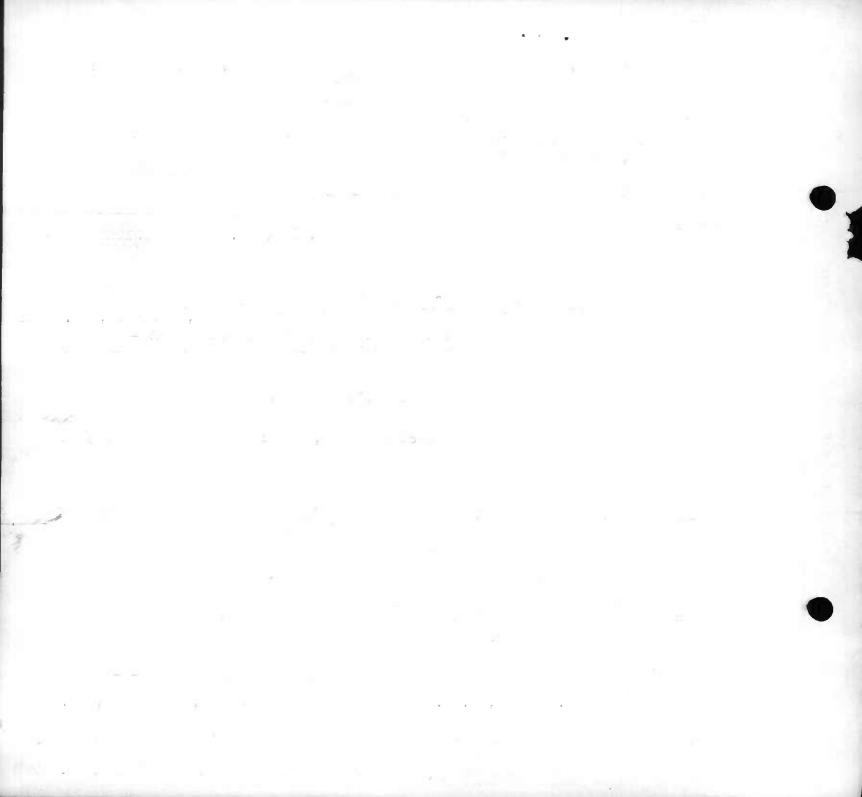
		K	5560	70	202		HEALTH DEPARTMENT		70 81	23
	2005	BIR	TH NO.	,	00~	CERTIFICA	TE OF DEATH	REG. NO	30 01.	120 120
	death death eased on the Such	1.1	IAME OF DEC				2. OATE	AND HOUR OF DEATH		
•				JOHN		INNER		ust 10, 1970		3:45 Pm.
	9 9 9	3.	PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONO!	UN CEO OEAO	4. USUAL RESIDENCE (WA. STATE & CO	here deceosed lived. If i UNTY	nstitution; residence be	fore odmission)
	a hospi cause o se; (5) D indance to deat	FU	LL NAME OF	(IF NOT IN HOSPITA	AL OR INSTIT	UTION, GIVE STREET	Md.		26	41
	cau ise; end to	IN:	NOITUTITE				Baltimore	D. IN:	SIDE CITY LIMITS?	
		$\parallel$	20	5509 Mayview	Avenue		E. STREET AND NUMBER		YES 🔀 NO	
	0 - 0 - 0 0			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				5509 Mayvi	ew Avenue	
		5. 5		6. RACE		X NEVER MARRIED	8. OATE OF BIRTH	9. AGE (In years lost birthdoy) 60	If Under 1 Yr. II	Under 24 His.
	ontrik ermir regul eased is ma		Male	White	WIDOWED	DIVORCED [	July 6, 1901.	07		
Ť ,	in r	don	e during most of t	vorking life, even il refired)			11. BIRTHPLACE (Slole or f	•	12. CITIZEN OF WI	AT COUNTRY?
	or Ind itio	II.—		Store Keeper	Rai	lroad	Maryl	and	USA	
	if death direct or c ; (4) Under th was in the dec	13.	FATHER'S NAM				14. MOTHER'S MAIDEN N	AME		
<b>5</b>	lire h (4		6/0		nner		Nellie Brow	m		
A !		15. Yes	Nos Oeceased , no or unknown)	Ever in U. S. Armed Ford (If yes, give wor or dote:	es? of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
ORTA	find A born	_	No			705-09-2705	Mrs Helen Bro	own	Same	
0	f any nced nced enda		18.	3.3		CAUSE OF DEATH		0.0		ATE INTERVAL
Wb.	Also, Also, noun atter			E OR CONDITION DIR LEADING TO DEATH	ECTLY		SE accesona	of 1.	1/1/20	1) 200
	Als produced attention		(This does no	al mean the mode al	dying, e.g.,	(A) IMMEDIATE CAU	CONSEQUENCE OF:	Jacq 190	a cook /	0 1/01/01/9
9	ner. Ictur pror lar		injury at cam	asthenia, etc. It means plication which caused	me aisease, death.)					
9	fracfrace goul		A	NTECEDENT CAUSES		(0)			1	
S .	xan xan y A wh wh		DISEASES O	R CONDITIONS, il a abave cause (A)	ny, giving	DUE TO, OR AS	A CONSEQUENCE OF:			
DIRE	n m _ E		UNDERLYING	CONDITION last.	stoling ine	(c)				
Δ .	medical ledical e burns; (; hysician in was ii	-		11						
A	hys n v	ATION	TO THE DEAT	CANT CONDITIONS CON I BUT NOT RELATED TO TH ENDITION GIVEN IN PART	ITRIBUTING E TERMINAL					
ER	E Y C E	2	DISEASE OR CO	OPERATION 1198 CONG	NOTION FOR V	HICH OPERATION ,	20A. AUTOPSY? (Yes or	No) 208 IF YES WERE	FINDINGS CONSIDER	RED
UNER	by a me by a me 2) Body by re the phy physician fore the re	RTI	popula	x1969 Verce	DRMEO	big much Colo	h	IN CERTIFYING CA	FINDINGS CONSIDER LUSES OF DEATH?	
			21A. ACCIOEN OR CONTRIBU	TWAS UNCERLYING THE	2/ B	PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DIO	(II In Baltimo	re City, give exoci loco	tion)
1		S	DEATH (notify	medical examined	elen.					
	osp osp osp osp osp osp osp osp osp osp	MEDI	OF INJURY	(Month) (Doy) (Year)		INJURY OCCURREO	21F. HOW DIO II	NJURY OCCUR?		
	ai d	-	(APPROX.)		Worl	Not While	口 /			
	the dany (ex obt		22. I certify	that (1) (this hospital)	ottended th	e deceased from	pily 16	1965 to Cle	equit 10	19 70
			/ .	last saw the deceased	1,110	(Luguet )		that in (my) (out) opi	non death occurre	d an the date
3	でした。		and haur and		debove. (I)	(Me) (did) (did not) vi	ew the body ofter death	l•		
	SOOFE		23A. SIGNATO		+ Do	B To HAHA	ding Med -	Shell I	23B DATE SIGNEO	
	a h		23 C. PHYSICIA	The T.	100		Med. Director D	Staff Phys.	luque	11,1410
	at at		23C. PHYSICIAI NAME (Ty	pel /	Da	1 - 1 Min	2102 0 =1	BIRDO	26	(11)
	This certificate m the body was reli shows: (1) An acci was D.O.A. at a deceased prior to	24A	BURIAL CREA	AATION, 248. DATE	24C. NA	ME of CEMETERY OF CRE	MATORY 124D.	/ 1	ity, town, or county)	) 17 D.
	ws: (landy ws: (b.0)		REMOVAL (S	pecify)	ŀ					/ Carolel
	This ce the boc shows: was D. deceas	25A	Burial OATE REC'O	8/14/7	258 NAME O	ılaney Valley	25C. FUNERAL DIRECTO	altimore, Mar	yland AOORE	SS
i	This the land show was dece		AUG12	1970 Robert 8	2 0			Ruck, Inc. B		
		VS	150-REV. 1/1/6	8						







BII	7-(///)	THEALTH DEPARTMENT REG. NO. 70	8026
1.1	NAME OF DECEASED  Pe of Print)  BAILEY, FRANK NMI	2. DATE AND HOUR OF DEATH AUGUST 6, 1970	5:40 P
FL	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: A. STATE B. COUNTY MARYLAND CECIL	residence belaie admission)
IN	OSPITAL OR ADDRESS OR LOCATION HOSPITAL  TETERANS ADMINISTRATION HOSPITAL  3900 LOCH RAVEN BOULEVARD	C. CITY OR TOWN  EARLEVILLE  D. INSIDE CITY  YES   YES	
1	BALTIMORE, MARYLAND 21218	E. STREET AND NUMBER NONE	- 14
1	MALE CAUCASIAN WIDOWED DIVORCED	4-20-07	der 1 Yr. II Under 24 His. S Days Houis Min.
do	N. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY the during most of working life, even if refired)  PAINTER		TIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME BENJAMIN BAILEY	14. MOTHER'S MAIDEN NAME TEMPERANCE GREEN	
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,na ar unknown) (II yes, give war or dates of service)  YES 10/28/42-10/30/45 218-05-7558	VA Hospital Records	ADDRESS
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH LEADING TO	ity Tuberculosis with hemato- read to kidney on right	THE HAMILIAN STATE OF THE
	heart foilure, osthenio, etc. It means the disease, injury or complication which caused items.)  ANTECEDENT CAUSES  Pancre	a consequence of:  atic Insufficiency  A CONSEQUENCE OF:	10 years
	luse to the prove conse (V) signing the X: 14-18	e femura right	recent
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T. [A].	insufficorung; element digler	
CERTIFICATION	19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20A AUTOPSY? (Yes or No.) 20B, IF YES, WERE FINDING IN CERTIFYING CAUSES OF	S CONSIDERED DEATH? YES
CAL	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of DEATH inotify medical examiner)	n or about 21 C. WHERE DID (If In Boltimore City, gi	
MEDI	21D-TIME (Month) (Dayl (Yearl (Houd) 21E INJURY OCCURRED While AI Not While AI Work At Work	21F. HOW DID INJURY OCCUR?	
	22. I certify that (11) (this haspital) attended the deceased from Ji that (14) (we) last sow the deceased alive on AUGUST 6		
	ond haur and from the causes stated above. 11) (We) (did) (204 1650) v	lew the body ofter deoth.	ATE SIGNED
	Phys	nding Med. Staff C	-7-70
244	MARVIN J. GORDON, M. D.	3900 Loch Raven Blvd, Baltin	more, Md. 21218
	Burial 9/11/70 Cecilton Cemetery of CRE		il Co; Md.
	AUG 1 2 1970 Pober & Jaber M.D.,	25C. FUNERAL DIRECTOR Edward Fellows & Son, Millin	ADDRESS ngton, Md. 21651





VS 150-REV. 1/1/68



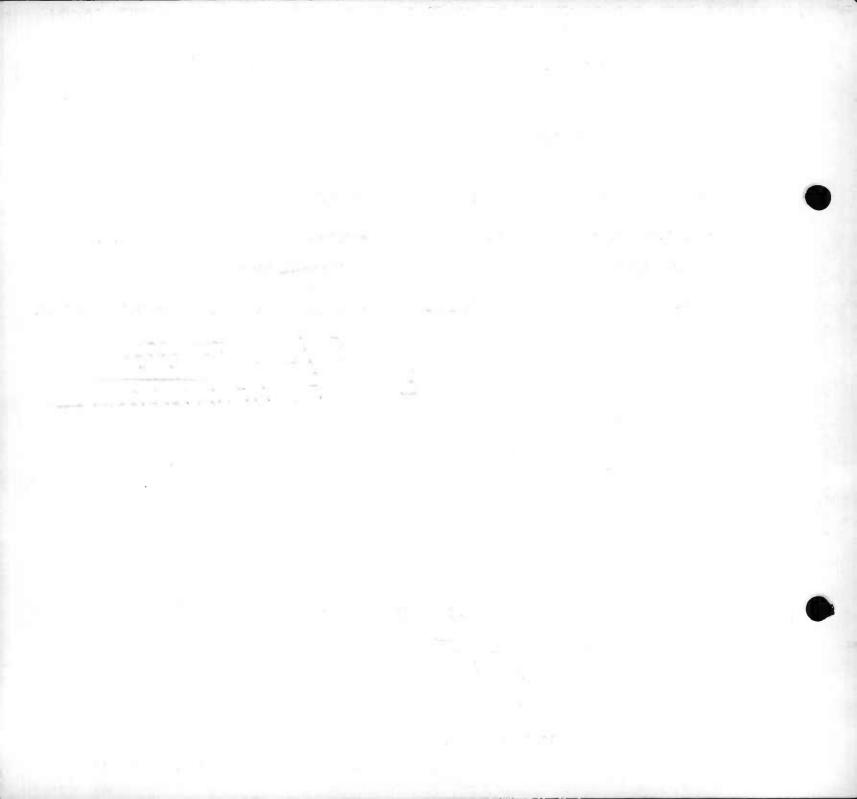
VS 150-REV. 1/1/68

Record from university Arguital
8-24-70 M.H.

Z.

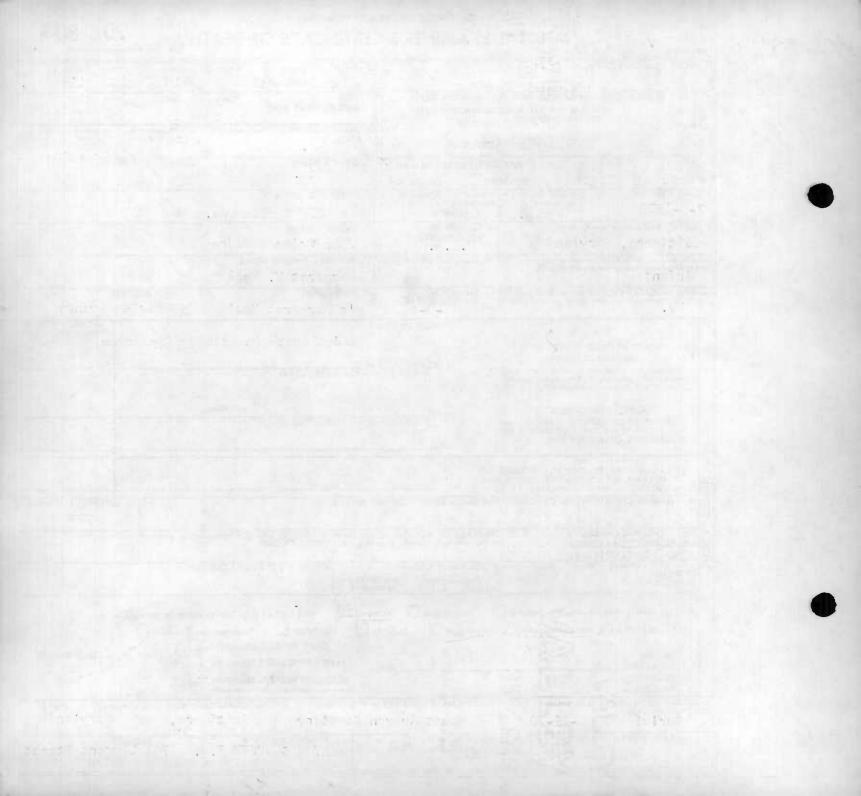
-	220	BALTIMORE CITY HEALTH DEPARTMENT
	2002	BIRTH NO. 70 8030 CERTIFICATE OF DEATH X REG. NO. 70 8030
	and eat ase th th	1 NAME OF DECEASED
	S = G	[(Type or Print)
	÷ 0 0 ÷	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived, Il institutions residence before admission)
	Spi	A. STATE B. COUNTY
	hos (5)	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)  FULL NAME OF ADDRESS OR LOCATION)
	a h caus se; ( onda to o	INSTITUTION D. INSIDE CITY LIMITS?
	c 5 .	44 ZINION HEMORIAL HOSP DELTA YES NO
	ting d ca r att	E. STREET AND NUMBER
	9 2 9 5 9	17314
	P. C. L. P. B. B.	5. SEX  6. RACE  7. MARRIED NEVER MARRIED  8. DATE OF BIRTH  9. AGE (In years lost birthday)  Months; Doys Hours; Min.
	nt nt rr	WIDOWED   DIVORCED   9 / 80 / 63   7
	10000	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY
	ta parigi	THOS PRINCENT SPORE
	de de se constant de	13. FATHER'S NAME
	if dect 4) U wa the spos	ALBERTIC V COLORS
Z	dir di, (on dis	ALC COCK
A	star ind eat e o	15. Wos Deceased Ever in U. S. Armed Forces?  (Yes, no or unknown) (If yes, give wor or dotes of service)  ADDRESS  ADDRESS
ORT	Sis d Kin	YES 2 WWI 184-05-1579-4 WIFE SAME
ō	as if and	18. CAUSE OF DEATH APPROXIMATE INTERVAL
<u>a</u>	and	DISEASE OR CONDITION DIRECTLY
Σ	A S S S S S S S S S S S S S S S S S S S	
	0 4 5 5 6 6	LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, osthenia, etc. It means the disease,
2	er er ctt pr dar	injury or complication which caused death.)
9	fra o Be	ANTECEDENT CAUSES LERICHE SYNDROME DE LAL OF
5	P A de	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF:
M	S X C E	rise to the obove cause (A) stoting the (2) Cledusull all - El. Common was +
=	a al	UNDERLYING CONDITION lost. (c) BT. iliac, Engrempered farmbons - Gun
	dir ing ing sic sic	Z QUESCOUTE II
A	hy hy	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING FOR TO THE DEATH BUT NOT RELATED TO THE TERMINAL AND CONDITION GIVEN IN PART 1 (A)
2	TE > C.D.O	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 204. AUTOPSYZIVES OF NOT 208. IF YES, WERE FINDINGS CONSIDERED
NER	hie bod	198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes of No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
5	0 4 4 6 P	
LL.	the alb	OR CONTRIBUTING CAUSE OF
	Yac SA Za	DEATH (notify medical examined)  O 21D. TIME (Month) (Doy) (Year) (Hour)  OF INJURY  While At The New While
	d to the second	OF INJURY  (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	94 0 0 0	(APPROX.) While At Work At Work
	bt x x Ed	
	g + 80 0	
	0 2 2 2 0	
	dent of ospital death)	and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.
	must be eleased ccident i hospit to deat al must	23R. DATE SIGNED
	E crise	Director Phys. Director Phys. 8/9//0
	0 - 5>	23C-PHYSICIAN'S NAME (Type)  23D- ADDRESS
	certificate body was r rs: (1) An a D.O.A. at a assed prior ten approv	VICTORIA GALLARDO MIDIZINICAL MORROLLA
	E - E -	24A. BURIAL CREMATION, 124R. DATE 124C NAME of CRAMETERS OF CREMATION
	S: (Cod)	BLIVEY LEBERTY 8-13-17
	S W S	DEATEURE TORKED
	This certificate body shows: (1) was D.O. deceased written a	ADDRESS ADDRESS
		VS 150-REV. 1/1/68
		TO TOW-REYOUT IT IT OF

	70 8		HEALTH DEPARTMENT	/	70 8031
BIR	TH NO.	CERTIFICA	TE OF DEATH	REG. NO	
	AME OF DECEASED		2. DATE A	ND HOUR OF DEATH	1
	Henrietta E. Tay		Augu	st 8, 1970	1
3.	PLACE IN BALTIMORE, MARYLAND, WHERE		A. STATE B. COUL	NIT	institution: residence before edmission)
II HO	SULAT OR ADDRESS OF TOCATION	R INSTITUTION, GIVE STREET	Maryland Bal	timore	5300
IN:	Hood Nursing Home	•	C. CITY OR TOWN	D. IN:	SIDE CITY LIMITS?
	1)		E. STREET AND NUMBER		YES NO
			Box #325 Inwoo	d Road 2120	7
5. s	M/	ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lest birthday)	Il Under 1 Yr. Il Under 24 His. Months; Deys Heurs; Min.
		OWED DIVORCED	MAY 3,1880	70	Months Deys Heurs Min.
10A	USUAL OCCUPATION (Give kind of work 108. Ke during most of working life, even if retired)	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fere	oign country)	12. CITIZEN OF WHAT COUNTRY?
		rsing	Maryland		U.S.A.
13.	ATHER'S NAME		14. MOTHER'S MAIDEN NA	AAF	0.5.4.
1	Henry Brauer		Elizabeth Pe		
	Wes Deceased Ever in U. S. Armed Farces?	13 / 20014/		ELZ	
(Yes	,no er unknewn) (II yes, give wor or dates ef s	eivice)   6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	NO	213-03-8255B	Miss Helen Kno	rr Rt. #5 B	ox 325 Inwood Rd.
	18.440,71	CAUSE OF DEATH	1		APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY	γ	01		BETWEEN ONSET AND DEATH
	LEADING TO DEATH (This does not meen the mode of dying	(A) IMMEDIATE CAU	SE Janlern	ution o,	lea.
	hearl loilure, asthenia, etc. It means the d	iseose.	A CONSEQUENCE OF:	7	
	injury ar complication which caused death.	.)	0	201	51 2
	ANTECEDENT CAUSES	(B) Len	is less 1	Crercos	celonisas
	DISEASES OR CONDITIONS, if any,	giving DUE TO, OR AS	A CONSEQUENCE OF: /		
	rise to the above couse (A) stating UNDERLYING CONDITION last.	g lhe (C)			
	11	(0)			
NO	OTHER SIGNIFICANT CONDITIONS CONTRIBL	ITING			1
Ĕ	TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).	IANIN			
FI	19A. DATE OF OPERATION 198. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or Ne	208. IF YES, WERE	FINDINGS CONSIDERED
ERTIFIC	WAS PERFORME	D		IN CERTIFYING CA	USES OF DEATH?
AL C	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e.g., in home, ferm, fectory, street, off etc.)	or ebout 21 C. WHERE DID	(II In Beltime	re City, give exact location)
2	21D. TIME (Menth) (Doy) (Year) (Heur	1 215 1411144 2 2 2 1 2 2			
51	OF INJURY	# 21 E. INJURY OCCURRED While At   Not While	21F. HOW DID INJ	URY OCCUR?	
	(APPROX.)	Werk L At Work			
	22. I certify that (!) (this hospital) atter	nded the deceased fram		19 %5_10_B	-8 1970
	that (1) (we) last saw the deceased aliv				nian death accurred on the date
	and have and from the causes stated abo	ave. (1) (We) (didn't did not) ut		;(), (asi) abi	assuit accourse on the data
	3A. SYNNATURE	( ( ( or ( or ( or not) vi	on the budy diret dedin.		23B. DATE SIGNED
	That I IN		ding Med.	Staff [	236. DATE SIGNED
	23 C. PHYSI CIAN'S	OEGREE Phys.	Director L	Staff Phys.	
	NAME (Type)		3D. ADDRESS		
244	Thomas G. Abbott	DEGREE	4509 Liberty He:		e
	BURIAL CREMATION, 24B. DATE REMOVAL (Specify)  BURIAL XX 8/11/70	24C.NAME of CEMETERY of CREATERY OF CREATE		timore, Mary	ity, town, er ceunty) (State)
25A	DATE REC'D BY HEALTH DEPL 258 N	AME OF REGISTRAR			
	AUG 1 2 1970	BE, Jackey M.D.	Loring Byers	3728 Liberty	y Road 21133
VS 1	50-REV. 1/1/68		143 9 0		



JOC	BALTIMORE	CITY	HEALTH	DEPARTMENT	
	JUC	BALTIMORE	BALTIMORE CITY	BALTIMORE CITY HEALTH	BALTIMORE CITY HEALTH DEPARTMENT

1. NAME OF DECEASED (Eric)  John Errick Madre    2. DATE   Month   Day   Year   Hour   OF   DEATH   Estimated X   8   10   70   12:1	
John Enrick Modro	
John Errick Madre   DEATH Estimoled XL 0 10 /0   12:1	.5 pm.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Day Year Hour	L W
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET PRONOUNCED DEAD 8 10 70 12:1	
5. USUAL RESIDENCE (Where deceosed lived. If Institution: residence before odm A. STATE Md.  859 Harlem Avenue	ission)
III. 1/0.	
6. SEX 7. RACE 8. MARRIED NEVER MARRIED C. CITY OR TOWN Balto. D. INSIDE CITY LIMITS?  WIDOWED DIVORCED NO DIVORCED	
9. DATE OF BIRTH 10. AGE (In years   H Under 1 Yr. II Under 24 Hrs.   E. STREET AND NUMBER   Months; Days; Hours; Min.	
4 WKS.	
Baltimore, Maryland  12. CITIZEN OF WHATCOUNTRY?  WHATCOUNTRY?  John Briscoe Madre	
14A.USUAL OCCUPATION (Give kind of world 14B. KIND OF BUSINESS OR INDUSTRY) 15. MOTHER'S MAIDEN NAME	
dane during most of working life, even if retired) Infant Margaret V. Neal	
IA. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no.gc. pulknown) (I) yes, give war or doles of service)  IF. SOCIAL  SECURITY NO.	
(Yes, no actinition with No. SECURITY NO. —0— M's Margaret Veal 859 Harlem Avenue	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  CAUSE OF DEATH  Sudden death in infancy (Syndroine)  (A)IMMEDIATE CAUSE	
(This does not mean the mode of dying, e.g., heart follure, asthenia, etc. it means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WAS PERFORMED  21. AUTOPSY? (Yes yes	or No)
22A. EXTERNAL CAUSE WAS UNDERLYING TO CONTRIB. UTING CAUSE OF DEATH.  22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (if in Baltimore City, give exact location) home, farm, foctory, street, office bldg., efc.) INJURY OCCUR?	
22D. TIME (Month) (Day) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.)  WHILE AT WORK AT WORK	
23.	
resulted from: Natural causes XX Accident Suicide Homicide Undetermined manner	
ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER DATE SIGNATURE ASSISTANT MEDICAL EXAMINER 8/10/	
EXAMINER'S NAME (Type)  ASSOCIATE MEDICAL EXAMINER	
24A. BURIAL CREMATION, REMOVAL (Specify) Burial  24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Str. Burial  Annual Cremation (City, town, or county)  Burial  Annual Cremation (City, town, or county)  Burial  Burial	
25A. DATE REC'D BY HEALTH DEPT.  AUG 12 1970  25B. NAME OF BEGISTRAR N.D.  MORTON & DYETT F. H. 1701 Laurens St	reet



BALTIMOR	E CITY HEALTH	DEPARTMENT
	BALTIMOR	BALTIMORE CITY HEALTH

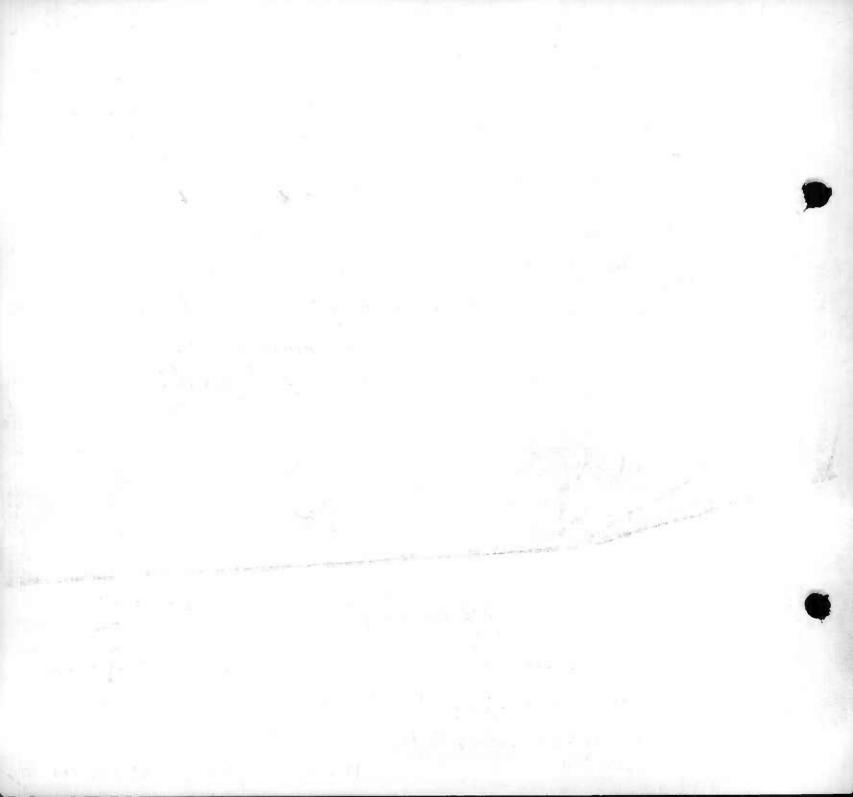
		MED	ICAL		MINER'S			OF I	DEAT	Ή	70	80	33
I. NAME OF	DECEASED				rnett)	2. DATE	Knawn 2		Month	REG. NO	OYear	r Hour	
(Type or Print		Leroy		nette		OF DEATH	Estimate			ouy	1601	nour	
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD					3. DATE			Manth	Day	Yea	r Haur	М.	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION						DUNCED DEA		8	10	70	1:30		
38		Unive	rsity			IIA. STATE	RESIDENCE Marylan		eceasea II	B. COUNTY	an: resident	ce befare adr	nissian)
6. SEX	7. RACE		8. MARRIE	DMN	EVER MARRIED	C. CITY O	RTOWN			D. INSIDE	CITY LIMITS	5?	-
male	colo	red	WIDOWE	D 🗆	DIVORCED		Baltin	nore			YES 🗵	No 🗆	
9. DATE OF 4-24-		10. AGE (In lost birthdo	y yeors	If Under i	Yr. II Under 24 Hrs. Doys Hours Min.	E. STREET	AND NUMB		Frank	lin St			
	CE (State or lare		1:	2. CITIZI	EN OF	13. FATHER		- ** •	FLant	TITH SE	•		
Newpor	t News,	Virgini	a	WHAT	S.A.		y Burne	++					
IAA.USUAL O	CCUPATION (GI	ve kind al world		OF BUSI	NESS OR INDUSTRY	115. MOTH	ER'S MAIDEN	JNAME					
Print	erorworking lile, e	ven II relired)	Globe	Prin	ting Co.	Mat	tie Jon						
(Yes, na or unkn	EASED EVER IN own) (II yes, give	war or dates	FORCES?		SOCIAL SECURITY NO.	18. INFOR	MANT				ADDRESS		
No.						Mrs.	Amy Bu	rnet	t	331	12 W.	Frank1	in St
DISEAS RISE TO UNDER OTHER S OTHER S	es not mean the flure, asthenia, ei r camplication wh  ANTECEDENT ES OR CONDIT THE ABOVE CA LYING CONDIT GIGNIFICANT CO DEATH BUT NO E OR CONDITION	c. It means the ich caused deal ich caused dea	disease, th.) GIVING THE ONTRIBUTIN	IG AL	(B) DUE TO, OR (C)								
20A. DATI	OF OPERATIO	N 208. CON	DITION FO	OR WHIC	CH OPERATION WA	S PERFORA	AED	1113				OPSY? (Yes	ar No)
UNDERLY UTING   22D. TIMI OF INJUR (APPROX.)	TERNAL CAUSE ING OR CON CAUSE OF DE/ E (Month) (I	TRIB-	(Hour)	ine, idili	OF INJURY (e.g., factory, street, affice	WHILE	22C. WHERE NJURY OCC	UK?					
ACTU SIGN EXAM NAM 24A. BURIAL C REMOVAL (S BUT	ATURE TO ATINER'S E (Type) REMATION, pecify)	Verner 1248. DATE 8-14-7	u. sp	tz, 24C.NA	Suicid M.D.	ASSI ASSO Deputy or CREMATO	CHIEF MEDIC STANT MEDIC COLATE MEDIC Chief	Un- CAL EXA CAL EXA Medic 24D, LOC	MINER MINER MINER CATION	(City, tow	n, ar caunty	DATE SIG 8/11/7 y) (Signal Maryla	O ote)
S 151-REV, 1/	AUG 1	2 1970	-0-0-46	بة E, v	Jaber, M.D.		RTON &		r F.H	. 1701	Laur	ens St	reet

all funds vandered and medical Of-side 197

-	6501	70 8034							
	sed the cch	BIRTH NO. CERTIFICATE OF DEATH							
	of dea Of dea Decease e on the	T. NAME OF DECEASED (Type or Print) Gwendolyn Green  2. Date and Hour of Death 9 August 1970 1734, hours							
	of of the	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admissioned)							
	se (5) and	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  MARYLAND  1402							
		BALTIMORE YES X NO							
	9 - 5 - 6	Universityof Maryland Hospital    E. STREET AND NUMBER   1711 McCulloh Street							
	ייייייים מיפר	5. SEX  6. RACE  7. MARRIED NEVER MARRIED X 8. DATE OF SIRTH  Female  Negro  Negro  Negro  Never Married X 8. Date Of Sirth  1. Under 1 1/6 1 Under 1 1/6 1 Under 1 1/6 1 Under 1 1/6 1 Under 1 Under 1 1/6 1 Under 1 Unde							
	occurre ontribut ermined regular regular sased p	Female Negro WIDOWED DIVORCED 2-15-1950   Cost birthdoy) 20   Months Doys Hours Min.							
	in received	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or loreign country)  12. CITIZEN OF WHAT COUNTRY							
IMPORTANT	e o L S P II	Student Morgan State College Baltimore, Maryland U.S.A.							
	if dect 4) U wa the spos	146 MOTHER'S MAIDEN NAME							
	L - M	Julius Green Margie Simpson							
		15. Was Decessed Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give war or dotes of service)  No.  16. SOCIAL SECURITY NO.  Erie.							
	STAD ST	21/-56-8202   Mrs. Margie Simpson 431 W. 2nd St. Pa.							
0	s as any ced ndai	18. 3 / 9 CAUSE OF DEATH APPROXIMATE INTERVAL							
IME	examiner or his examiner. Also, (3) A fracture of n who pronound in regular atten s are embalmed	LEADING TO DEATH ectopic pregnancy, bleeding							
DIRECTOR:		(This does not mean the made of dying, e.g., heart failure, asthenia, etc. Il means the disease, injury ar camplication which caused death.)							
		ANTECEDENT CAUSES pulmonary embolism							
		DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the							
N N	ins ins	UNDERLYING CONDITION last, (c)							
_	medical ledical burns; (; hysician n was in	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
RA	- E - CO	FITO THE DEATH BUT NOT RELATED TO THE TERMINAL   DUTITIONAL   DUTITI							
FUNERAL	by a m 2) Body re the p physicia	19A-DATE OF OPERATION 19R CONDITION FOR WHICH OPERATION 20A AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CONSIDERED YES							
3	5 5 4 6 5 4 6 5 4 6 5 4 6 5 6 6 6 6 6 6	U 21A. ACCIDENT WAS UNDERLYING   218. PLACE OF INJURY (e.g., In or obout 21C. WHERE DID (II In Boltimore City, give exect location)							
		DEATH Inonly medical examined elc.)							
	at tu	Vhile At □ Not While □							
	hhe h ny n exce and	WORK CONTRACTOR CO							
	g - 5 - 6	22. I certify that (f) (this hospital) attended the deceased from 29 July 19 70 to 9 and that in (my) (our) apinion death occurred on the date							
	0~05七十	and haur and from the causes stated above. (1) (Met (did) (dissort) view the body after death.							
	dent dear	23A. SIGNATURE  23B. DATE SIGNED							
		David Cu Tu Mo North Phys. Attending   Med.   Stoff   9 Clux (0)							
		PARE (Type)  23C-PRESS fort he Study of Trauma							
	body was vs: (1) An D.O.A. at ased prio	David W. Fgrike, M.D. DEGREE Univ. of Maryland Hosp. Baltimore, Maryland							
	LT VV	REMOVAL (Specify) 24D, LOCATION (City, town, or county) (Stotel							
	This cer the bod shows: was D.C decease	Burial 8-14-70 Mount Auburn Cemetery Baltimore, Maryland 25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAS 25C, FUNERAL DIRECTOR ADDRESS							
	This the b show was decement	25A, DATE REC'D BY HEALTH DEPT.  AUG 12 1970 25B. NAME OF REGISTRAL M.D. 25C. FUNERAL DIRECTOR MORTON & DYETT F.H. 1701 Laurens Street							
		VS 150-REV. 1/1/68							



	70 8035 BALTIMORE CITY HEALTH DEPARTMENT 70 8035	
BI	CERTIFICATE OF DEATH REG. NO.	
(T)	NAME OF DECEASED  The or Print! LANGFORD DINEZ  2. DATE AND HOUR OF DEATH  8-10-70   8:20	A.M.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived, if institution: residence before and a STATE  B. COUNTY	mission)
FLHIN	STITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OF LOCATION)  C. CITY OR TOWN  D. INSIDE CITY LIMITS?	
	HO LUTHERAN HOSPITAL BAITIMORE YES IN NO I BAITIMORE AND NUMBER STREET AND NUMBER ST. BOSE dale ST.	
5.	TO TO THE TOTAL THE CONTINUE OF THE CONTINUE O	
	WIDOWED DIVORCED 9-18-18 lost birthdoy 5/ Months: Doys Hours	24 Hrs. Min.
do	LUSUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT CE  Worth Carolina  4.5.	UNTRY?
13.	FATHER'S NAME Harm West  14. MOTHER'S MAIDEN NAME  Ninnie Snuggs	
15.  Ye	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) lif yes, give wor or dates of servicel SECURITY NO.  17. INFORMANT SECURITY NO.	~ 0
_	18. CAUSE OF DEATH APPROXIMATE INT	
	DISEASE OR CONDITION DIRECTLY	DEATH
	EADING TO DEATH  If This does not mend in the mode of dying, e.g.,  (A) IMMEDIATE CAUSE En Cepha to path y  DUE TO, OR AS A CONSEQUENCE OF:	
	heart failure, asthenio, etc. 11 means the disease, injury or camplication which caused death.)  And Gepti Cermia	
	ANTECEDENT CAUSES	
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:  rise to the above cause (A) stating the	******
	UNDERLYING CONDITION lost (C)	
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A-AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
CAL	21A- ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, foctory, street, office bidg., INJURY DCCUR?	
W	21D.TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While At Not While Work At Work	
	22. I certify that (I) (this hospital) attended the deceased from 7-20 -70 10	
	that (1) (we) last saw the deceased alive on \$30 PM 8-9 1970 and that In (my) (our) opinion death occurred on the	ne dote
	and hour and from the causes stated above. (1) (We) (did) (did nat) view the body after death.	
	23A. SIGNATURE  Attending Med. Staff	
	23C-PHYSICIAN'S 23D-ADDRESS	7
244	Nassir Sagnah, M.D Lutheran Hosp. of Mary land	
247	REMOVAL (Specify) 8/16/20 COHONSINE Meth. Ch. Com. Norwood . N.C.	itote)
25/	AUG 12 1970 JOBENAMETOR REGISTER AC. D. 25C. FUNERAL DIRECTOR HOLD 1761 LAURENS	St.
/S	150-REV. 1/1/68	



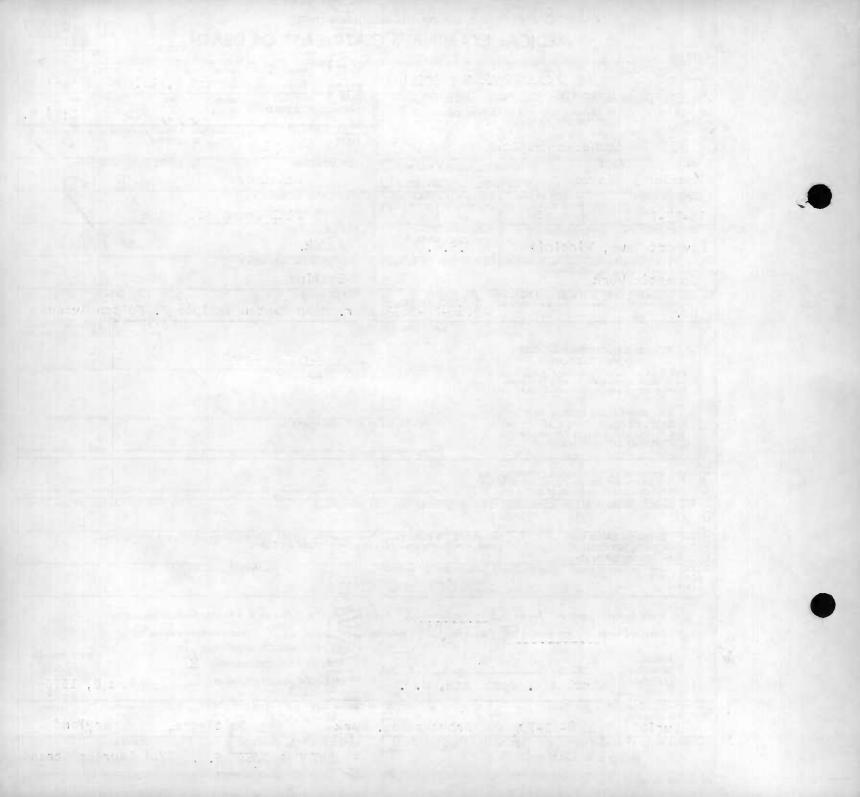
CERTIFICATE C	OF DEATH.
	CERTIFICATE (

BIRTH NO.	KEG, NO.					
I. NAME OF DECEASED (Type or Print)  JOSEPH H. JORDAN	2. DATE Known M Month Doy Year Hnur OF DEATH Estimated August 9, 1970					
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Manth Doy Year Hour					
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  OR INSTITUTION	PRONOUNCED DEAD August 9, 1970 3:10 A.M. 5. USUAL RESIDENCE (Where deceased lived. # Institution: residence before admission)					
16 C Panadala Chuach	IIA. STATE B. COUNTY					
6. SEX 7. RACE 8. MARRIED TO MARRIED TO	Maryland  C. CITY OR TOWN  ID. INSIDE CITY LIMITS?					
WAKKIED LI MEAEK WAKKIED L						
Male Negro WIDOWED DIVORCED  9. DATE OF BIRTH   10.AGE (in years   # Under 1 Yr.    Under 24 Hrs.	Baltimore YES X NO					
7-12-1917   lost birthdoy)   Manths, Days, Haurs, Min.	16 S. Rosedale Street					
Urbanna, Virginia  11. BIRTHPLACE (State or foreign country)  Urbanna, Virginia  12. CITIZEN OF WHAT SOUNTRY?	James Jordan					
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY done during most of working lile, even il relired)						
Laborer Beth-Steel	Mary Jordan					
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Yes 17/19/42 12/10/46 219-03-3494	18. INFORMANT ADDRESS					
	Mrs. Mary Jordan 16 S. Rosedale Street					
7 / 1 / 1	BETWEEN ONSET AND DEATH					
	lerotic cardiovascular disease					
(This does not meen the mode of dying, e.g.,						
(This does not meon the mode of dying, e.g., heart follure, osthenia, etc. it meons the disease, injury or complication which caused death.)	AS A CONSEQUENCE OF:					
ANTECEDENT CAUSES (6)						
(D)	AS A CONSEQUENCE OF:					
I UNDERLYING CONDITION LAST						
O II						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION WA						
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S PERFORMED 21. AUTOPSY? (Yes or No)					
	No					
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Month) (Nov) (N	in or about 22C. WHERE DID (if in Reliment City, nive exect lection)					
OF INJURY	22F. HOW DID INJURY OCCUR?					
23. m. WORK AT W						
I certify that I held an Inquiry Inspection X Aut	rapsy and that on this basis, death in my opinion					
resulted from: Natural causes Acquent Suicid						
10 1 13 1	CHIEF MEDICAL EXAMINER					
SIGNATURE Charles Signature	ASSISTANT MEDICAL EXAMINER X					
EXAMINER'S NAME (Type) Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER August 9, 1970					
24A. BURIAL CREMATION, REMOVAL (Specify)  24B. DATE  24C. NAME of CEMETERY or CREMATORY  24D. LOCATION (City, town, or county) (Stote)						
Burial 8-13-70 Balto. National Cem. Baltimore, Maryland						
25A. DATE REC'D BY HEALTH DERY 1970 25B. NAME OF REGISTRES, M.	MORTON & DYETT F.H. 1701 Laurens Street					
VS 151.8EV 3/1/48						

The Low cont. the contract of the contract o 

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH

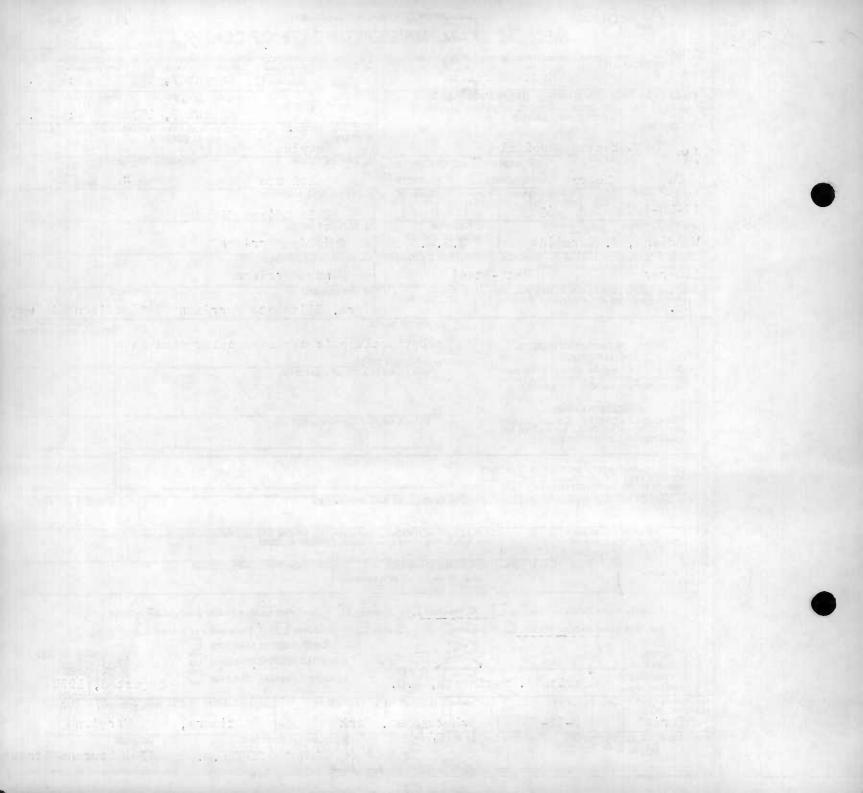
BIRTH NO.	L LAMMINER 3	LKTII ICATE OF	DLATTI REG. NO	0,
1. NAME OF DECEASED	PAYTON (BEDELIA)	2. DATE Known XI OF DEATH Estimoted []	Month Doy August 7, 1	Yeor Hour
4. PLACE IN BALTIMORE, MARYLAND, WHERE FULL NAME OF (IF NOT IN HOSPITAL OR I HOSPITAL ADDRESS OR LOCATION)		3. DATE PRONOUNCED DEAD	Month Doy August 7, 1	.970 Hour 3:55 P
Lutheran Hospi	tal (DOA)	A. STATE Maryla:	B COUNTY	ion: residence before admission)
Pome 1 o Negree	RRIED NEVER MARRIED	C. CITY OR TOWN Baltim		CITY LIMITS?
9. DATE OF BIRTH   10. AGE (In years lost birthday)	Manths; Days; Hours; Min.	E. STREET AND NUMBER	510	YES MO
10-25-1906 63'	12. CITIZEN OF	3213 No.	ormount Avenu	ıe
Newport News, Virginia 14A.USUAL OCCUPATION (Give kind of work) 14B. KI	WHAT COUNTRY?	Unk.	ME	
done during most of working life, even if retired)  Domestic Work		Emaline		
16. WAS DECEASED EVER IN U.S. ARMED FORC (Yes, no or unknown) (If yes, give war or dotes of serv	17. SOCIAL SECURITY NO. 066-20-9873	Mr. John Payto	on 1816 N.	Fulton Avenue
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meon the mode of dying, e. heart foilure, osthenia, etc. it meons the diseas injury or camplication which caused death.)	(A)IMMEDIATE O	CAUSE Carcinoma o	f lung	BETWEEN ONSET AND DEAT
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTION GIVEN IN PART 1 (CONDITIONS CONDITIONS CONDI	(c)	AS A CONSEQUENCE OF:		
TO THE DEATH BUT NOT RELATED TO THE TE DISEASE OR CONDITION GIVEN IN PART 1 (20A. DATE OF OPERATION 20B. CONDITION	A).	AS PERFORMED		21. AUTOPSY? (Yes or No)
222A. EXTERNAL CAUSE WAS	loop by AGE OF the History /	· · · · · · · · · · · · · · · · · · ·	At a Salar S	No
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	hame, farm, lactory, street, affic	In or obout 22C. WHERE DID bldg., etc.) INJURY OCCUR?	(it in Boltimore City, give	exoct location)
OF INJURY (APPROX.) (Page (APPROX.)		WHILE WORK	IJURY OCCUR?	
i certify that I held on inquiry resulted from: Natural causes E  ACTUAL SIGNATURE EXAMINER'S Charles S. S	Inspection A	topsy and that on	EXAMINER X	
24A. BURIAL CREMATION. 24B. DATE REMOVAL (Specify) 8-12-70	24C. NAME of CEMETERY Arbutus Mem.		Baltimore,	own, or county) (State)  Maryland
	NAME OF REGISTRATY D.	25C. FUNERAL DIRECT		ADDRESS 1 Laurens Street



70 8038

MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF	DEATH.
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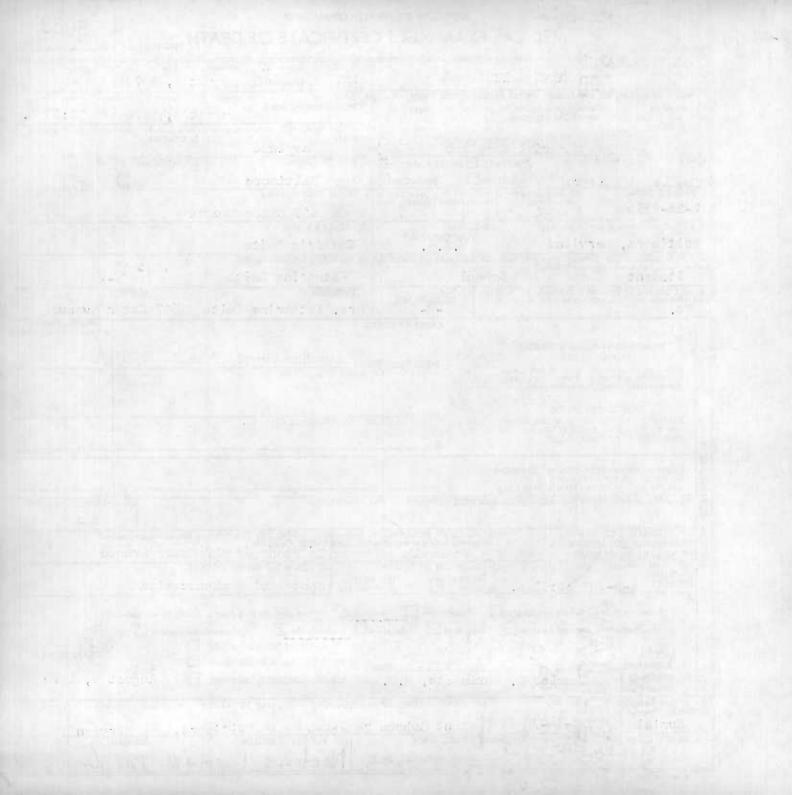
BIRTH NO.							KEG. NO			
1. NAME OF DEC		art M	orrison	2. DATE OF DEATH	Knawn 🖔	Month Augus	Day 1 7, 1	Year 970	8:45	P.,,
4. PLACE IN BA	LTIMORE, MARYLAND,	WHERE PI	RONOUNCED DEAD	3. DATE		Month	Day	Yeor	Hour	M.
FULL NAME OF HOSPITAL OR INSTITUTION		TITUTION, GIVE STREET	PRONOL	INCED DEAD	Augus	t 7, 1	970	8:45	P. M.	
OKINSIIIUIION				5. USUAL RE	SIDENCE (Where			n; residence b	efore odmi	islan)
46	Lutheran Hos	spital		A. STATE	aryland	В,	COUNTY		X 4	3
6. SEX	17. RACE		HED NEVER MARRIED	C. CITY OR		Ti-	INSIDE	ITY LIMITS?		
Male	Noamo	WIDOV								
9. DATE OF BIRT	Negro	(In years	WED DIVORCED HE Under 1 Yr. If Under 24 Hrs.	1	ND NUMBER		1	res 🖾 🔝	ио Ц	
11-26-19	106 last birth	3	Months Days Hours Min.		426 Edison	n Highwa	337			
11. BIRTHPLACE	State or foreign country	)	12. CITIZEN OF	13. FATHER	NAME	I ILLEIIW	л у			
	l, S. Caroli		WHAT GOUNTRY?	Phi	llip Morr	icon				
			OF BUSINESS OR INDUSTRY							
done during most of v	working life, even if retired	-01								
Laborer		Beth	-Steel	Nan	cy Morris	on				
14. WAS DECEAS	ED EVER IN U.S. ARM	ED FORCES	7 17. SOCIAL SECURITY NO.	18. INFORM	IANT		-	ADDRESS		
No.	(if yes, give wor or dote	s or service	SECORITY NO.	Mrs.	Elizabeth	Morris	on 14	26 Edis	on Hi	ahway
19. //	9 116		CAUSE OF DEAT			7101113	011	API	PROXIMATE IN	ITERVAL
1 4/0	X171								EEN ONSET A	ND DEATH
	E OR CONDITION DIF	RECTLY	Arterios	clerotic	c cardiova	ascular	disea	se		
400	LEADING TO DEATH		(A)IMMEDIATE C	AUSE						
heart follure	not mean the made of a c, astheria, etc. It means t	dying, e.g., he disease.	DUETO, OR A	S A CONSEQ	JENCE OF:					
fulury or cor	mplication which coused d	deolh.)								
	NTECEDENT CAUSES		(8)	15 A CONSE	1161106 05					
RISE TO THE	OR CONDITIONS, IF AI	NY, GIVING TATING THE	DUE 10, OR A	AS A CONSEC	UENCE OF:					
I I UNDERTYIN	NG CONDITION LAST.	•	(c)							
0	11		(9,							
U TO THE DE	VIFICANT CONDITIONS OF	O THE TERM	INAL							
DISEASE OR	CONDITION GIVEN IN									
H ZUA. DATE OF	F OPERATION 208. CO	NOIIION	FOR WHICH OPERATION WA	S PERFORM	ED			21. AUTO	PSY? (Yes	r No)
90									No	
22A. EXTER	NAL CAUSE WAS		228. PLACE OF INJURY (e.g.,	n or obout 22	C. WHERE DID	lf in Baltimore	City, give ex	act location)	110	
	OR CONTRIB-		22B. PLACE OF INJURY (e.g., home, farm, factory, street, office	bldg., etc.) IN	JURY OCCUR?			aci roddiiony		
		ar) (Hou	) 22E.INJURY OCCURRED	22	F. HOW DID INJ	HIPY OCCUP				
OF INJURY		(		WHILE	HOW DID HAS	OKI OCCON				
(APPROX.)			m. WORK AT W	ORK .						
23.			7 . 57							
i cert	Ify that I held an	Inquiry L	Inspection K Aut	opsy 📙	and that on th	is basis, de	oth in my	opinion		
result	ted from: Natural co	uses X	Agaident Suicid	Ho	nicide 🔲 t	Indetermine	d manner			
	12.		/) —		HIEF MEDICAL E			_		
ACTUAL	10/	011	1				-		DATE SIGN	IED
SIGNATI	URE MAN	30,	Ja Ja (2 M.D.	ASSIS	TANT MEDICAL E	XAMINER L	K			
EXAMIN NAME (T	1.1121100	s S. S	pringate, M.D.	ASSO	CIATE MEDICAL E	XAMINER [	Au	gust 8,	1970	
24A. BURIAL CREA			24C. NAME of CEMETERY	CREMATO	24D. L	OCATION	(City, tow	n, ar county)	(Stat	e)
Burial	8-12-	-70 . 0	Arbut me DMem.	Park		altimore		Mary		
25A. DATE REC'D	AY HEALT OF P.	258, N	AME OF REGISTRAR	25C. FI	UNERAL DIRECTO	R	-	DDRESS		-
AU	OID IOIO	9 .		MOR.	TON & DYE	TTFH		701 Lau	irens	Street
	1	-	U U U	HOIL	1011 6 ,011			/ UI Lat	11 0113	JEICEL
VS 151-REV. 1/1/68										



5-530

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BIRTH NO.	77166			CENTI	CAILOI	DLAIII	REG. NO		
1. NAME OF DECEASED		C) (T)		2. DATE	Known 🔯	Month	Doy	Year	Hnur
	DOREEN			DEATH	Estimoted	August	9, 197	70	
4. PLACE IN BALTIMORE	F NOT IN HOSPIT	AL OR INSTITU	TION, GIVE STREET	3. DATE PRONG	UNCED DEAD	Month August	9, 197	Yeor 70	Hour
HOSPITAL A	DDRESS OR LOCA	MION)		S. USUAL	RESIDENCE (Where				
I I'm i	n Momani	al Hear	ital (DOA)	A. STATE	Maryland		COUNTY		901
6. SEX 7. RAC	n Memori	The second second	NÉVER MARRIED	C. CITY O		ID	INSIDE CIT	Y LIMITS?	101
Formalo 3	To oran	WIDOWED	_		Baltimore				🗖
Female 1	Negro 10. AGE (li lost birthdo		Jnder 1 Yr. II Under 24 Hrs. hths: Days: Hours: Min.	E. STREET	AND NUMBER		YE	s X	ио Ц
2-21-1956	lost birthdo		nths Days Hours Min.		627 Cator	Διζοπιτο			
11. BIRTHPLACE (State of			CITIZEN OF	13. FATHE	S NAME	Avenue			
Baltimore, M	arvland		WHAT SOUNTRY?	The	dric Smith	1			
14A,USUAL OCCUPATION	(Give kind of work	14B. KIND OF	BUSINESS OR INDUSTRY						
done during most of working li Student	te, even if refired)	Scho	001	Kat	herine Smi	ith			
Id. WAS DECEASED EVE	R IN U.S. ARMED		17. SOCIAL	18. INFOR			AD	DRESS	
No.	give wor or doles	or service)	SECURITY NO.	Mrs.	Katherine	Smith			Avenue
19.	. V		CAUSE OF DEA				,	AP	PROXIMATE INTERVAL
	ONDITION DIRE G TO DEATH the mode of dy o, etc. It meons the	Ing. e.g	(A)IMMEDIATE O	A COL	nshot woun	d of he	ad		
DISEASES OR CON RISE TO THE ABOVE LINDERLYING COL	ENT CAUSES IDITIONS, IF ANY CAUSE (A) STA IDITION LAST.	, GIVING	(B) DUE 10, OR	AS A CONS	QUENCE OF:				
OTHER SIGNIFICANT TO THE DEATH BUT DISEASE OR CONDIT  20A. DATE OF OPERA	NOT RELATED TO	THE TERMINAL							·
		NDITION FOR	WHICH OPERATION WA	AS PERFORI	MED				PSY? (Yes or No)
Z2A. EXTERNAL CA UNDERLYING NOR C UTING CAUSE OF 22D. TIME (Month)	ONTRIB- DEATH.		PLACE OF INJURY(e.e., e, form, loctory, street, office sidewalk		In front c	of 627 C	ator A	venue	901
OF INJURY	(Doy) (Year		22E.INJURY OCCURRED NOT	wulte	22F. HOW DID IN				
(APPROX.) 8-9-	70 12:11	A. m.	WORK AT W	WHILE X	Shot durin	ig alter	cation		
I certify the resulted from	Noturol cou	ی آرد	Suled Suled	ASS	CHIEF MEDICAL E	Indetermined KAMINER X KAMINER X	manner [	j	DATE SIGNED
EXAMINER'S NAME (Type) 24A. BURIAL CREMATION			ingate, M.D.		ORY 24D. L	OCATION	(City, town,		(Stote)
REMOVAL (Specify) Burial	8-14-7								
25A. DATE REC'D BY HEA		25B NAME	Mount Auburn	25C.	FUNERAL DIRECTO	altimor	e.	Mary] DRESS	/
VS 151-REV. 1/1/68	100	1	vactory 16.	0, 111	rtons	Dyett-	H	701 /	AUREAS S



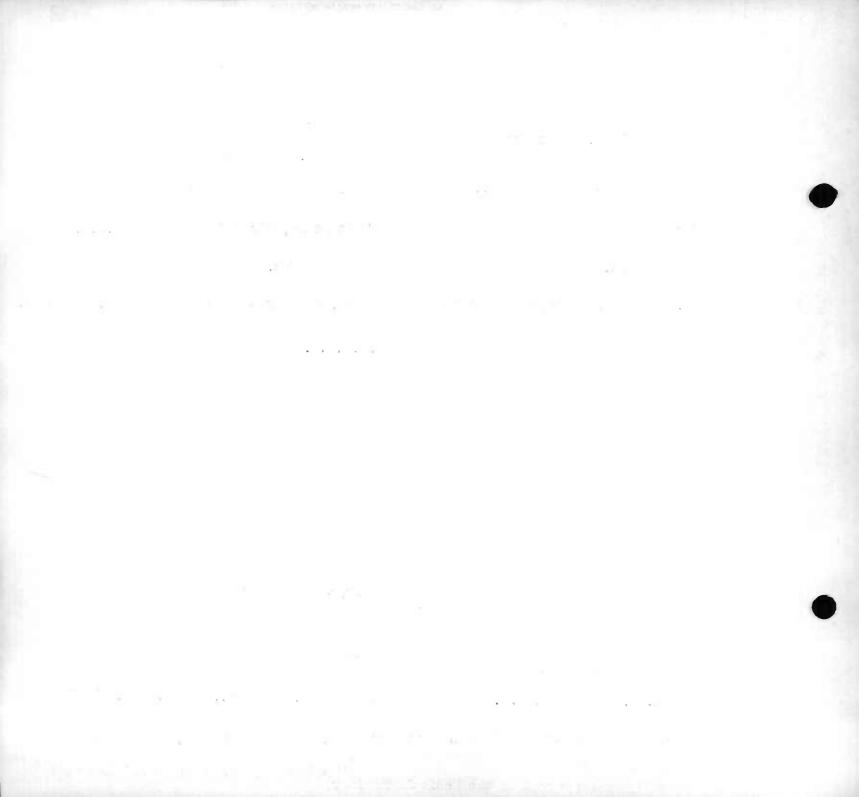
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70	8040
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BIRTH	NO.		WED	ICAL	EX	AMINER'S C	EKIIF	CATE	OF	DEATI	REG. 1	NO	00	70
	ME OF DEC		HOWARD	JOHI	NS OI	N	2. DATE OF DEATH	Knows Estima	n ⊠ oted □	Month Augus	st 8,	1970 Yes	er Hour	М.
FULL N	NAME OF	(IF NO		L OR INSTI		INCED DEAD N, GIVE STREET	3. DATE PRONC	UNCED D	EAD	Month Augus	st 8,	1970		55P. <sub>M.</sub>
OR IN	NOITUTITS	Provid	ent Ho	snita	1	(DOA)	5. USUAL A. STATE	RESIDENC Mary			ed. If instit B. COUN		nce before adm	nissian)
6. SEX	(	7. RACE		8. MARRI			C. CITY O				D. INSID	E CITY LIMI	TS?	
M	al <b>e</b>	Neg	ro	WIDOW	ED 🗆	DIVORCED [		Balti	imore			YES X	NO 🗆	
1	TE OF BIRTI	Н	10. AGE (la	yeors	If Und	er I Yr. If Under 24 Hrs. 1 Days   Hours   Min.	E. STREET	AND NU	MBER					
	16-193		3	20						Le Aver	nue			
		tote or foreig		1		TIZEN OF	13. FATHE							
		e, Mary				U.S.A.TRY?		s Joh						
done de	uring most of v	PATION (Give vorking lile, even	e kind of work en if retired)	148. KIND	OF BU	JSINESS OR INDUSTRY				NE .				
	aborer	an flyan thi	11.6 . 0.01.5			3.606141	1	a Joh	nson			ADDASSS		
Yes, n	o or unknown	ED EVER IN	wor or dotes	of service)	'	7. SOCIAL SECURITY NO. 216-36-3579	18. INFO		1000		1060	ADDRESS		
119	0.	2.7	1.6					Lena	John	son	1069	Argyi	e Avenu	
17	F 4	651	X			CAUSE OF DEA							BETWEEN ONSET	
		E OR COND		CTLY		Gu	nshot	wound	of a	nterio:	r tru	nk		
		LEADING TO		Ing. e.g.,		(A) IMMEDIATE O	AUSE	OHENCE	E.					
	heart lollure	, osthenio, etc.	. It meons the	disease,		DOE 10, OK	S A CONSE	QUENCE O	r.					
		NTECEDENT		COUNTE		(8) DUE TO, OR	AS A CONS	FOLIENCE	OF.					
	RISE TO THE	OR CONDITION	USE (A) STA	TING THE		DOE 10, OK	AS A CONS	EQUENCE	Or:					
Z	UNDEKLYIF	NG CONDITI	ION LAST.			(c)								
CERTIFICATION	TO THE DE	NIFICANT CON ATH BUT NOT CONDITION	RELATED TO	THE TERMI	ING NAL									
20					FORW	HICH OPERATION W	AS PERFOR	MED				21. A	UTOPSY? (Ye	s or No)
0	2												Yes	
151		NAL CAUSE		2	228. PL	ACE OF INJURY (e.g.,	In or obout	22C. WHE	RE DID (	t In Boltimor	e City, give	e exact location		
1210		USE OF DEA		"	nome, I	farm, factory, street, offic	e bldg., etc.)	?	CCUR?			01	0-01	0
≥ 22	D. TIME		Doy) (Year	r) (Hour	) 22E	INJURY OCCURRED		22F. HOW	INI DID	URY OCCU	IR?			
	F INJURY APPROX.)	8-8-7	0	?	m. WH		WHILE T	Found	d eho	t on s	idewa	1k		
23	3.													
	1 cart	ify that I h	eld on 1	nquiry			topsy X	and t	hat on th	is basis,	death in	my opinio	n	
	resul	ted from: N	latural cau	505	Age	sident Sulcia	le L t	omicide		Indetermin	ed monn	er 🗌		
	ACTUAL	(%	10	,   '	1	11		CHIEF MI					DATE SI	GNED
	SIGNAT		av.	7 0'	96	M.D	•	ISTANT M			إلجا			
Ш	NAME (	Гуре)		s S.		Ingate, M.D.		OCIATE M			ر لا	August	9, 197	0
	BURIAL CRE		24B. DATE		24C.	NAME of CEMETERY	or CREMAT	ORY	24D, I	OCATION	(City,	town, or cou	mty) (S	tote)
	Buria	1	8-13-7	70		Mt. Auburn (	Ceme ter	У		Baltim	ore,	Ma	ryland	
25A.	DATE REC'D	G1219	70 Ro	G 250 E	AME	BEGISHED.		FUNERAL				ADDRESS		ns Str
VS 15	1-REV. 3/1/6	8 //	12.7	4,	1									

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BIRTH NO		U 804	CERTIFICA	TE OF DEATH	REG. NO	70 8041
(Type or I	Print) ROS	E FARRA	R		nd hour of death ust 7, 1970	1
3. PLACE	IN BALTIMORE MARYLAN	D, WHERE PRONO	UN CED DEAD	4. USUAL RESIDENCE (Wh.	ere deceased lived, if in	nstitution: residence before admission)
FULL NA HOSPITA	ME OF (IF NOT IN HO	SPITAL OR INSTIT	TUTION, GIVE STREET	MARYLAND		15/0
INSTITUT	ION	COAHON		BALT I MORE	D. INS	YES X NO
00	3813 Fernh	nill Avenu	ıe	E. STREET AND NUMBER		152 [4]
-				3813 Fernhi		
5. sex Fema	le Negro	E/2 F	NEVER MARRIED	8. DATE OF BIRTH 2-26-1922	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
IOA, USU	L OCCUPATION (Give kind of	WIDOWED		11. BIRTHPLACE (State or for		12. CITIZEN OF WHAT COUNTRY?
done during	g most of working life, even if reti r k	red)	Post Office	Blackstone, V		U.S.A.
	R'S NAME			14. MOTHER'S MAIDEN NA		
	Willie Wynn			Ida		
5. Wes D	Occased Ever in U.S. Armedunknown!](If yes, give wor or	forces? dotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No.				Mrs. Virginia	Mitchell 1	821 Edmondson Avenu
18.	180X1		CAUSE OF DEAT	н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION	DIRECTLY		0		
(This	does not mean the made	of dying, e.g.,	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	· every	6 mills
injury	failure, asthenia, etc. fl mo ar complication which co	ised death.)	unte	mitastors		
	ANTECEDENT CAU	ISES	(B)			
DISE	ASES OR CONDITIONS, la the above cause	if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
UND	ERLYING CONDITION last	tvi signila lue	(c)		******************	
z	11					
E 110 IF	RSIGNIFICANT CONDITIONS	TO THE TERMINAL	***************************************			PUNCKUN
19A.C	SE OR CONDITION GIVEN IN DATE OF OPERATION 198. WAS	CONDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or N	o) 20B, IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
				NO		
OR CO	ACCIDENT WAS UNDERLYING CAUSE OF H (natify medical examine)	lG 21E	ne, form, foctory, street, a	n or obout 21C. WHERE DID	(if in Boltimo	re City, give exact location)
U			INJURY OCCURRED	21F. HOW DID IN	11117 0 00117	
OF IN		W	ile At - Not While	0 🗔	JORI OCCUR	
144	certify that (I) (this has	44.0			70	
	(I) (we) lost sow the deci				19 70 to a	nion death accurred an the date
		200		few the body after death.	agt in (my) -(out) obt	ulan death accorded an the date
	IGNATURE	910100 00070s (		lew the body offer death.		23B, DATE SIGNED
7	Cren or	the	Atte	nding Med.	Shaff Phys.	8/8/70
23C.P	HYSICIAN'S IAME (Type)		DEGNEE	23 D. ADDRESS	- 17 84	
			DEGREE	6715 A	AMH HE	ICHN
24A. BURI REM	AL CREMATION, 248. DAT	24C.N	AME of CEMETERY of CR			ty, town, or county) (Stote)
Bu	rial 8-1	0-70 Ar	butus Mem. Pa	rk Aı	rbutus,	Maryland
254 6 48	E REC'D BY HEALTH DEPT.	DER MARAE	OF REGISTRAR	2SC. FUNERAL DIRECTO		
A DAI	AUG 1 2 1970		Failer, M.D.	MORTON & DYET		Laurens Street

and a substantial of the same of the same



	7001	(0) (141)	HEALTH DEPARTMENT /U 8043
	5005	BIRTH NO. CERTIFICA	TE OF DEATH REG. NO.
	l and death eased n the Such	1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
	- P 0 0 -	Hichs: Chales W.	8-3-70 200
	200		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
		FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	U.S Mayland 1002
		institution .	C. CITY OR TOWN  D. INSIDE CITY LIMITS?
	ed in a sting cand cause r attented prior to	Veneral Muse Home	E. STREET AND NUMBER  NO
	0	OTT. Whole It	27. W Cover St
			B. DATE OF BIRTH  9. AGE in years  lost birthday)  If Under 1 Ye.   Il Under 24 His.  Months; Doys   Hours   Min.
	occur ontrik ermin regul eased is ma	WIDOWED	3-4-1839 36
	the second	done during most of working life, even it retired)	1. BIRTHPLACE (Siglo or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	e o u s P =	"Chhan	Definbridges Md. U.S. A.
	direct l; (4) U th way n the dispos	13. FATHER'S NAME	4. MOTHER'S MAIDEN NAME
5	dir dir (d)	- Wenow	Value
₹	istant the di kind; death ce on nal di	15. Wos Deceased Ever in U. S. Armed Forces?  Yes, no of unknown    If yes, give wer of doles of service    SECURITY NO.	7. INFORMANT ADDRESS
R	유부국교등등	NO. 218-10-5appr	Mrs. Esther Middleton 543 W. Lafauxi
MPORTANI	any ced nda	18. CAUSE OF DEATH	APPROXIMATE INTERVAL
Ī	So of of children	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	BETWEEN ONSET AND DEATH
_	. = = =	(This does not mean the mode of dying an (A) IMMEDIATE CAUSI	E Chal, Thombais CONSEQUENCE OF:
8	miner. fractur to proper	heart loiture, asthenio, etc. It means the disease, injury or complication which coused death.)	CONSEQUENCE OF:
5	examiner.  3) A fractu  1 who pro  1 regular  1 are emba	ANTECEDENT CAUSES	
C	xami xami X A fr who who r reg	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A	CONSEQUENCE OF:
DIRECTOR:	E	rise to the above cause (A) staling the UNDERLYING CONDITION last. (C)	
	adical dical rrns; rsicic was mair	11	
A	E 0 2 E = 5	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
m		S IDISEASE OR CONDITION GIVEN IN PART 1 (A).	20A-AUTOPSY? (Yos or No.) 20B, IF YES, WERE FINDINGS CONSIDERED
FUNERAL	0 4 4 4 0	WAS PERFORMED	20A AUTOPSY? (Yos of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
1	== = = =	U 21A. ACCIDENT WAS UNDERLYING   218. PLACE OF INJURY (e.g., in a long)   218.	or obout 21 C. WHERE DID (II In Bollimore City, give exect location) e bldg., INJURY OCCUR?
		eica	
	patu mec (6)	S OF INJURY	21F. HOW DID INJURY OCCUR?
	> = 0 75 75	TO THE STATE OF TH	
	0 0 0	22. I certify that (I) (this hospital) attended the deceased from	25 19 59 to 8-3 19 70
	t be ap ised to ent of a spital ( leath); ust be	that (I) (we) last saw the deceased alive on \$-3	19 7 C and that in (my) (our) opinion death accurred on the date
	eased to ident of hospital o death) must be	and haur and fram the causes stoted above. (I) (We) (did) (did not) view 23A. SIGNATURE	
	SOPE		ing Med. Staff Med. Staff Med.
	T D D D D D D D D D D D D D D D D D D D	DEGREE THYS	
	This certificate m the body was rel shows: (1) An acc was D.O.A. at a deceased prior to	NAME (Typel	D. ADDRESS
	S & B B	24A- BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREM.	ATORY 24D LOCATION
	This certi the body shows: (1 was D.O. deceased	1 tu	/ Country Country Country
	This certhe bod shows: was D. deceas	25A. DATE REC'D BY HEALTH COM 125E MANE OF STREET OF STR	GM. PAITE. MARY AND  ADDRESS  ADDRESS
	This the show was dece	AUG 12 970 255 MARE CARBERANCE.	MORTON: ENDyett F.H. My Laurer St
		VS 150-REV. 1/1/68	Of the Manager of



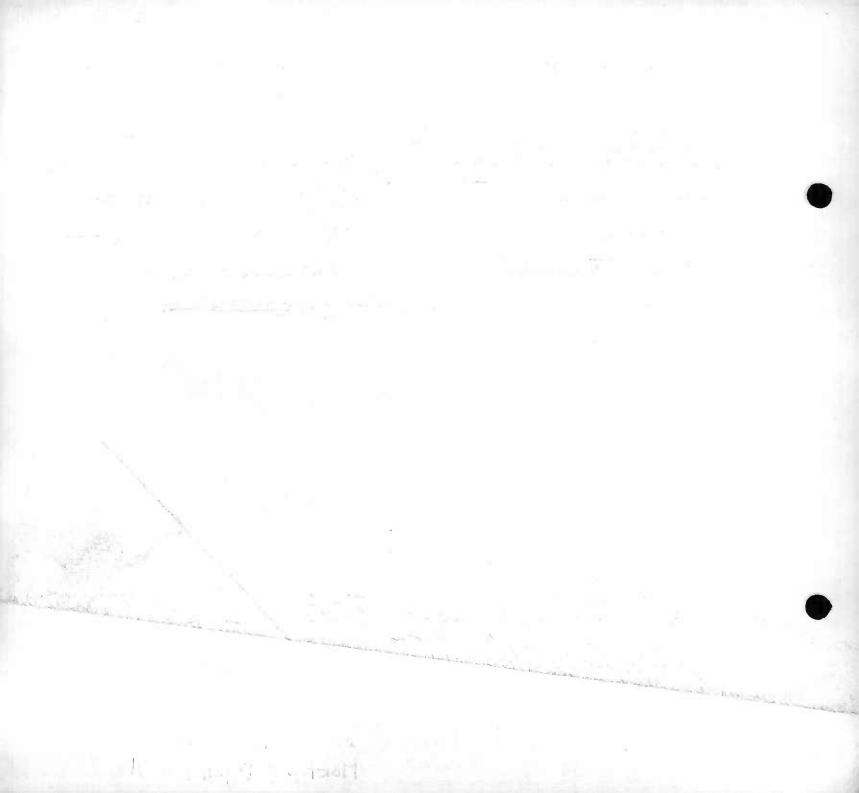
	70 8044 BALTIMORE CITY HEALTH DEPARTMENT 70 804
В	BIRTH NO. SUA4 CERTIFICATE OF DEATH REG. NO. NO. NO.
1.	1. NAME OF DECEASED
(1	Tune or Died
3	3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE IWhere deceased lived. Il institution: residence before of A. STATE  B. COUNTY
	A. STATE B. COUNTY
F	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET MARYCAND
H	INSTITUTION ADDRESS OR LOCATION)  C. CITY OR TOWN  D. INSIDE CITY LIMITS?
C	
1	(A) A I A I A I A I A I A I A I A I A I A
	Monte Collection of Fraction were 15111
5	
1	NEVER MARRIED NEVER MARRIED 10. DATE OF BIRTH 17.6 AGE (in yeors   If Under 1 7.6 , If Under
_	WIDOWED N DIVORCED 1 6-28-1914 57
10	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY III, RIPTHPLACE (State of localing country)
	Solve Curring most of working tire, even if retired)
12	FISSISTANT Heize for Blind the ladelphing tennsylvania U.S. A 3. FATHER'S NAME
3	3. FATHER'S NAME
	John Wesley Doule   Ella Bailey
15.	5. Was Deceased From In 11. S. Annual English
(4	
	NO. Hona Mac Hunter 1821 Eytaw
	18. CAUSE OF DEATH
	DISEASE OR CONDITION DIRECTLY
	I PARISIO WA REALE
	(This does not mean the made at dying, e.g., heart foilure, asthenia, etc. It means the disease,
	heart foilure, asthenia, etc. It means the disease, injury or camplication which caused death.)
	0
	ANTECEDENT CAUSES (B) Primary un known.
	DISEASES OR CONDITIONS, if any, giving  DUE TO, OR AS A CONSEQUENCE OF:
	rise to the abave cause (A) stoling the UNDERLYING CONDITION last, (C)
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
z	OTHER CICAMERCANI CONTRIBUTION
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
Y O	DISEASE OR CONDITION GIVEN IN PART 1 (A).
CERTIFIC	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A-AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
ER	WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?
	If in Bollimore City, give exact location
AC	DEATH (notify medical examine) etc.)
MEDICAL	21D-TIME (Month) (Doy) (Yeol) (Hous) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
M	While At Not While C
	WOR C A! WOR C
	22. I certify that (1) (this hospital) attended the deceased fram TAN && 19 70 ta August 8 19
	A
	, in the first of
	and haur and fram the causes stated above. (1) (We) (did) (did not) view the bady after death.
	23A. SIGNATURE 23B. DATE SIGNED
	M. dayshird in D DEGREE Phys. Med. Director Phys. 8-8-70
	23C.PHYSICIAN'S NAME (Typo)  23D. ADDRESS
	IM. INAYATULLAH DEGREE Monteleuler Hospital Bellimus
24/	44. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county)
25	SA. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR 250, FUNERAL DIRECTOR ADDRESS
	SA. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25G. FUNERAL DIRECTOR ADDRESS HOPE E. Jaben M.D. 101 LAMIRE
-	
15	\$ 150-REV. 1/1/68



5/21	70 8045 BALTIMORE CITY HEALTH DEPARTMENT 70 8045
ath. Such	BIRTH NO.  BIRTH NO.  BALTIMORE CITY HEALTH DEPARTMENT  CERTIFICATE OF DEATH  REG. NO.  70 8045
	1. NAME OF DECEASED (Type or Print) 1 656; + Their DORK (Nest) + Pandago & 5-70 1-30 P. M
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  A. STATE  B. COUNTY
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  INSTITUTION  (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  C. CITY OR TOWN  D. INSIDE CITY LIMITS?
	4/6 Lutheran Hospital Botto: YES NO NO
	2767 W. Worth Ave.
	MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (In years of birthday) Months Doys Hours Min.  WIDOWED DIVORCED 3 -23 -53
l	10A. USUAL OCCUPATION Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole at foreign country)  12. CITIZEN OF WHAT COUNTRY
ĺ	Student None Balto Maryland US.A.
ĺ	Nesbit James Thompson Minnie Townes
ı	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or doles of service) SECURITY NO.  17. INFORMANT ADDRESS
l	NO. 218-60-5882 Mr. Neshit S. Thompson Same
	DISEASE OR CONDITION DIRECTLY  CAUSE OF DEATH  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH (A) IMMEDIATE CAUSE () STEWLENCE PUTCIONA ? 6 days
	injury or complication which caused death.)
ı	ANTECEDENT CAUSES
ı	DISEASES OR CONDITIONS, il ony, giving DUE TO, OR AS A CONSEQUENCE OF:
l	UNDERLYING CONDITION lost. (C)
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).  19A-DATE OF OPERATION   19B-CONDITION FOR WHICH OPERATION   20A-AUTOPSY? (Yes or No)   20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21A-ACCIDENT WAS UNDERLYING.
	198. CONDITION FOR WHICH OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED  200. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFITING CAUSES OF DEATH?
	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, affice bldg., INJURY OCCUR?  DEATH (notify medical examiner)   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, affice bldg., INJURY OCCUR?
	O 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	Work Al Wark
	22. I certify that (I) (this hospital) ottended the deceased from 7-3 19 70 to 8-5 19 70 that (I) (we) last saw the deceased give an 8-5-70 19
	that (i) (we) last saw the deceased alive an
	23A. SIGNATURE
	Attending   Med.   Staff   Phys.   Director   Phys.
	23C. PHYSICIAN'S NAME (Type) PRAGNA DESAT 23D. ADDRESS HALLOWAY St. Kullemore, MW 21216
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D EQCATION (City, town, or county) (Stote)
-	Sur 10/ 8-10-70 Mt. Huby RN Cem. Batto Md. 25A. DATE RECD BY HEALTH DEPT. 25B. NAME OF REGISTRATED. 25C. FUNERAL DIRECTOR ADDRESS ALIC 1 2 1070 ADDRESS
	Morton & Dyett F. H. 1701 LAURENS S
١	TO THE DEST IT IT WE



	70 8046 BALTIMORE CITY HEALTH DEPARTMENT 75 80 804
BI	CERTIFICATE OF DEATH
1,1	NAME OF DECEASED Type or Printl
	LOUIS W. +RANKIIN AUGUST SIGTAL 732 0
3.	B. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceosed lived, If institution: rosidence before admission and state and state are considered by the country and the country and the country and the country are considered by the count
Ft	FULL NAME OF UF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET MARKYLANDE BOLT, MORE IS
IN	ADDRESS OF LOCATION
-	CONTROL VES IN NO
1	
5.	SEX 16 PACE 17
-	Months Days Hours Min.
10/	DA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, RIPTHEI AGE (Class of the control
not	one during most of working life, even if retired)  ABOR  FLARIA  12. CITIZEN OF WHAT COUNT
13.	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
•	The transfer of the transfer o
15.	WAZGARET OARD  WAZGARET OARD  WAZGARET OARD  WAZGARET OARD  ADDRESS
(Te	es, no of unknown! (If yes, give war at doles of service) SECURITY NO.
_	118. CAUSE OF PEATH
	DISEASE OR CONDITION DIRECTLY  CAUSE OF DEATH  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH ACCION SI
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. it means the disease,
	injury or complicolian which caused death.)
	ANTECEDENT CAUSES (2) July Melanasis
	DISEASES OR CONDITIONS, it any, giving DUE TO, OR AS A CONSEQUENCE OF:
	rise to the above couse (A) stating the UNDERLYING CONDITION last, (C)
NOL	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
CAT	DISEASE OR CONDITION GIVEN IN PART 1 (A).
CERTIFICATI	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CE	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID hame, farm, foctory, street, affice bldg., INJURY OCCUR?
CAL	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID (If in Baltimore City, give exact location)  DEATH (notify medical examines)   21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID (II in Baltimore City, give exact location)
DIC	21D-TIME (Manth) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21E HOW DID INJURY OCCUR
MEDI	[(APPROX.)
	Wask L At Work L
	22. I certify that (I) (this hospital) attended the deceased fram
	that (1) (we) last sow the deceased alive on 2 19 70 and that In(my) (our) apinian death accurred an the dath
	23A. SIGNATURE.
	23R, DATE SIGNED
	Phys. Director Director X 6
	23C-PHYSICIAN'S NAME (Type)  23D. ADDRESS
244	A. BIIDIAL CREMATION GOVERNMENT DEGREE
~	A. BURIAL CREMATION, 248, DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (State)
26.6	Buria   810 70 11t. Huburn Cem. Baltimore, Maryland
ACI	ADDRESS
5	AUG 12 19/0 FABRET E. POLITICAS, MORTON E DYCH F. H 1701 LAUKENS
	IJV-RET: I/ I/VD



VS 151-REV. 1/1/68

70 0047

١.			MED	ICAL	EXAMINER'S	CERTIFI	CATE O	F DEAT	TH	10	8047
BIR	TH NO.								REG. NO.		
	NAME OF DEC	EASED				2. DATE	Known 🔲	Month	Day	Year	Hour
(1At	e or Print)	MAR	VIN GOO	DWTN		DEATH	Estimoted [				
4.	PLACE IN BAL				ONOUNCED DEAD	3. DATE		Month	Doy	Year	Hour
FUL	LNAMEOF	(IF N	OT IN HOSPITA	L OR INST	TITUTION, GIVE STREET	PRONO	UNCED DEAD		7		
HO	SPITAL	ÀDDE	RESS OR LOCA	IION)		- 4421444		8	L	1970	
	in to in to it					A. STATE	ESIDENCE (Wh	ere deceased	B. COUNTY	n: residence	before odmission)
16	1821	L N. C	alvert	St.			Md.			/	102
6.		7. RACE			IED NEVER MARRIED	C. CITY OF			D. INSIDE C	TY LIMITS?	
M	ale	Maan	_	WIDOW		5	n - 1 .			[	🖂
	ATE OF BIRTH	Negr	10. AGE (In		If Under I Yr. If Under 24 Hr.	F STREET	Balto.		У	ES Lyc	NO L
			lost birthdo	()	Months   Days   Hours   Mir		ALTO ITOMBER				
	5-13-191		59.			45	7 Manns	Ct.			
11.	BIRTHPLACE (S	tote or fare	Ign country)		12. CITIZEN OF	13. FATHER	'S NAME				
	Virgini	a			WHAT COUNTRY?	Uni	¢.				
14A	USUAL OCCU	PATION (G	ive kind of work	48. KIND	OF BUSINESS OR INDUST			IAME			
don	during most of w	orking lile, e	even if retired)								
-	Unemploy						Goodwir	1			
Yes	WAS DECEASI , no or unknown)	ED EVER IN	wor or dates	FORCES of service	17. SOCIAL SECURITY NO.	18. INFOR	MANT		Α.	DDRESS	
ľ	No.				219-05-9420	Mrs.	Joan Wil	lliams	2304 No	evada	Street
	19.	11			CAUSE OF DE	ATH					PPROXIMATE INTERVAL
П	7 1 3	1.7			A ***	7	1 .			BETV	WEEN ONSET AND DEAT
			DMON DIREC	TILY	Arteriosc	rerotic	cardiova	ascular	disease		
	4	LEADING T	mode of dy		(A)IMMEDIATE						
	heart fallure,	asthenia, e	ic. It means the	disease,	DUE TO, OF	AS A CONSEC	UENCE OF:				
П	Injury or com	plication wt	ich caused dec	ih.)							
	AN	NTECEDEN	CAUSES		4.3						
П	DISEASES C	OR CONDIT	ONS IE ANY	GIVING	DUE TO, O	R AS A CONSE	QUENCE OF:				
	RISE TO THE	ABOVE C	AUSE (A) STAT	ING THE							
2	UNDERLYIN	IG CONDI	HON LAST.		(c)						
CERTIFICATION	-		11								
K	OTHER SIGN	IFICANT CO	NDMONS CO	NTRIBUT	ING						
프	DISEASE OR	CONDIDO	T RELATED TO	RT 1 (A)-	INAL						
RT					FOR WHICH OPERATION V	WAS PERFORA	AED			21. AUTO	OPSY? (Yes or No)
Ö	0										
၂	22A. EXTERI	MAL CALIC			000 Dt 4 GE GE 104111011/						no
O	UNDERLYING	MAL CAUSI			228.PLACE OF INJURY (e.g. home, farm, factory, street, oil	ice bidg., etc.)	NJURY OCCUR	D (II In Baltime	ore City, give exc	act location)	
	UTING CA										
Σ	22D. TIME (	Month)	(Day) (Year	) (Hour	) 22E.INJURY OCCURRED		2F. HOW DID	INJURY OCC	UR?		
Н	OF INJURY (APPROX.)				WHILE AT NO	T WHILE					
Н	23.				m. WORK AT	WORK L					
		Ify that I	hald an I	agulry [	Inspection 🔽 A	utopsy 🔲	and that are	ship basis	, death in my		
						—					
Н	result	ed from:	Natural cau	ses X	Accident L Suic	ide 🔲 H	amicide 🗌	Undeterm	Ined manner [		
		1	1		. /		CHIEF MEDICA	L EXAMINER			DATE CLOSUED
	SIGNATU	IDE	11/1	1/101	a form > M	n ASSI	STANT MEDICA	L EXAMINER	$\mathbf{x}$		DATE SIGNED
Н	EXAMINE		1911		m.		CIATE MEDICA	1 EVAMINED	П		
	NAME (T	Total Control	Isidor	e Mih	alakis, M.D.	M35(	CIATE MEDICA	E ENNIHUSEK		8	-2-70
	BURIAL CREA	AATION,	248. DATE		24C. NAME of CEMETER	or CREMATO	ORY   24	D. LOCATION	(City, town	n, or county	
	MOVAL (Specif	(v)	100	1							yland
	Buria		8-6-70		Mount Auburi	i ceme te	и у	Baltin	ore,		yrand
25/	A. DATE REC'D			2,58. N	AME OF REGISTRARD		FUNERAL DIRE			DDRESS	0.
		11:12	19/0 .	القيول و	C' dorono'	MOF	RTON & DY	ETT F.	1. 170	Laur	ens Street

Manse CT			
			lelb. T
	No.		
HARLING TOWNS OF	SOLITAN AND LIBER	1000 _ 1000	
Ada amound forth . I	A STORY OF THE PARTY OF		

VS 151-REV. 1/1/68

M-425

MEDICAL EXAMINER'S C	ERTIFICATE	OF DEAT	H REG. NO.	70	0040
I. NAME OF DECEASED	2. DATE Known	3 Month	Doy	Year	Hour
Type or Print)  Kellie J. Milligan	OF		201	1001	100
A. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE	Month	Doy	Year	Hour M.
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEA	D 8	10	70 5	5:50 р. м.
1//	5. USUAL RESIDENCE (A. STATE		B. COUNTY		a pro A is
St. Agnes Hospital  SEX 7. RACE S. MARRIED NEVER MARRIED	C. CITY OR TOWN	land	D. INSIDE CI	Arund	91
MARKIED NEVER MARKIED				_	
female White WIDOWED DIVORCED DO DATE OF BIRTH 10.AGE (In years   # Under 1 Yr, If Under 24 Hrs.	Balti E. STREET AND NUMB		YE	s L	10 🔀
lost highday   Months , Days , Hours , Min	E. SIKEEL AND NUMB	EK			
5-16-1962 8		Darlene	Ave.		
I. BIRTHPLACE (State or foreign country)  12. CITIZEN OF	13. FATHER'S NAME				- 11 11 11 11
Maryland What country?	Lincoln	B. Mill:	igan		
4A. USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN	NAME	2000		
one during most of working life, even Mreilred) Student	Nancy A.	Caraco	fe		
6. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT	· Caraco.		DRESS	
Yes, no ar unknown) (If yes, give war or dates of service) SECURITY NO.		D 16377			
NO CAUSE OF DEA	Lincoln	B. MILL	igan		POVE
CAUSE OF DEA	н				EN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY					
LEADING TO DEATH	AUSE Multin	le injuri	es		
	S A CONSEQUENCE OF:	45,44,334,6			
Injury or complication which coused death.)					
				190	
ANTECEDENT CAUSES  (B)	S A CONSEQUENCE OF:				
	S A CONSEQUENCE OF:				
Z UNDERLYING CONDITION LAST. (C)					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).					
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S PERFORMED			21. AUTOP	SY? (Yes or No)
					J11 (
₹ 22A. EXTERNAL CAUSE WAS   22B. PLACE OF INJURY(e.g.,	1 1000 1111			yes	3
UNDERLYING FOR CONTRIB.   228. PLACE OF INJURY (e.g., home, farm, foctory, street, office	bldg., etc.) INJURY OCC	UR?	e Cliy, give exac	at location)	5201
UTING CAUSE OF DEATH. street		d Darlene		A.A. (	Co.
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED		D INJURY OCCL	IR?		
(APPROX.) 8 10 70 2:10 NOT WORK NOT AT W	ORK Operato	r of bicy	cle str	uck by	car
23.	and the position	2 02 020)	020 002	dore by	
I certify that I held on Inquiry Inspection Aut	opsy and that	on this basis,	death in my	opinion	
resulted fros: Natural couses Accident X Suicid			ed manner	-	
				I	
ACTUAL //// AARA (CA)		CAL EXAMINER		D	ATE SIGNED
SIGNATURE M.D.					
EXAMINER'S	ASSOCIATE MEDI				0/11/20
NAME (Type) Werner U. Spitz, M.D.	Deputy Chie				8/11/70
24B. DATE 24C. NAME of CEMETERY (REMOVAL (Specify)	or CREMATORY	24D. LOCATION	(City, town,	, or county)	(State)
Cremation 8-12-70 Greenmount			imore		Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DI	RECTOR	AL	DDRESS	
Alig12 1970 PRAF JAR NO	H.W.Jenk	ins & S	ons Co	. Bal	Lto.,Md.

. Ut. to feel . of mich e styleste. H.

## R-152

BI	RTH NC.		WED	ICAL	EXAM	MINER'S	CERTIF	CATE	OF DE	ATH R	EG. NO	70	804	7
1.	NAME OF DEC	EASED					2. DATE	Known E	Mont	h	Day	Yeor	Hour	
(1)	Maragareth. Robins					DEATH	Estimoted					1700	M.	
	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD					3. DATE		Mont	h	Doy	Yeor	Hour	7410	
HC	LL NAME OF SPITAL INSTITUTION	(IF NO	T IN HOSPITA	LORINS	TITUTION, GIV	'E STREET		RESIDENCE (	0	11	7 (		7:05 a	М.
		06 Win	demere				A. STATE	Marylan			OUNTY	9	02	and the same
	SEX	7. RACE		B. MARR	HED DOWNEY	ER MARRIED	C. CITY O	RTOWN		D. I	NSIDE CIT	Y LIMITS?		
	emale	white		WIDOW		DIVORCED		Baltimo			YE	s 🔽	NO 🗆	
γ.	DATE OF BIRTI		losi birthdoy	yeors	Months Doy	r. II Under 24 Hrs. s <sub>1</sub> Hours <sub>1</sub> Min.		AND NUMBE	-					
	6-12-0							1506 Win	ndemer	2 Ave				
11.	BIRTHPLACE (S		n country)		12. CITIZEN WHAT C	OF QUNTRY?	13. FATHER	'S NAME						
	Maryla		1. 1. 2. 11:	40 KIN 10	US.	A	Johr	1 J. Hs	ndles	r				
don	e during most of w	orking life, eve	en Il retired)	4b. KIND		SS OR INDUSTR	Y 15. MOTH	R'S MAIDEN	NAME					
14	HOUSOW:		1 S A DAMED	OWY		CIAL	Ella	Larki	ns		4.5	Dares		
(Ye	s, no or unknown)	(If yes, give w	or or dotes	service)	) SE	CURITY NO.	IB. INFOR				AL	DRESS		
-	NO 19.	-7				-44-514		liam (	Rot	ins		San	PROXIMATE INTER	441
	418	1				CAUSE OF DEA	ин						VEEN ONSET AND	
		E OR CONDI		TLY		Arterio	sclero	tic card	liovaso	ular	disea	se		
	(This does no	ot meon the	mode of dyl	ng, e.g.,		(A)IMMEDIATE	AS A CONSEC							
	heart loilure,	osthenio, etc.	It meons the	discose,		BOL 10, OK	AJ A CONJEC	FOEITCE OI:						
Н		R CONDITION		GIVING		(B) DUE TO, OR	AS A CONSE	QUENCE OF:						
Н	RISE TO THE	ABOVE CAL	JSE (A) STAT	ING THE		DOL 10, 011	A0 A CO ((3)	QUENCE OF.						
Z	ONDEREIN	O CONDIII	OIY LASI.			(C)								
CERTIFICATION	OTHER SIGN	IFICANT CON	DITIONS CO	NTRIBUT	ING			10 10			Jan I	14 1		
뜯	DISEASE OR	CONDITION	GIVEN IN PA	RT 1 (A).										
H.	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.										0)			
برا	<u> </u>										no			
EDICA	UNDERLYING		RIB-		22B. PLACE (	OF INJURY (e.g., octory, street, ollic	in or obout te bidg., etc.)	22C, WHERE D	OID (If In Bol	timore City	, give exoc	t locotion)		
Σ			oy) (Yeor	(Hour		RY OCCURRED		22F. HOW DIE	INJURY C	CCUR?				
П	(APPROX.)				m. WHILE AT		WHILE VORK							
	23.				7									
		fy that I he		quiry L			topsy	and that o	an this bas	sis, deot	h in my o	pinion		
Н	result	ed fram: No	aturol caus	es X	Accident	Suici	de H	omicide 🔲	Undete	ermined n	nonner			
	ACTUAL	IRE MIL	Me	11	SL	A.	ACC	CHIEF MEDIC					DATE SIGNED	
	EXAMINI NAME (T	R'S	ner U	Sni	tz M	77	ASSO	Chief			minom		3/11/70	
	A. BURIAL CREA	MATION, 2	4B. DATE		24C. NAM	E of CEMETERY	or CREMATO	DRY 2	AD. LOCAT	ION (	City, Iown,			
1	MOVAL (Specil		8-14	•		don Nat:				timo			Md.	
25	A. DATE REC'D	IG 12 T	970	25B. N.	AME OF REC	GISTRAR D.		FUNERAL DIR W. Jenk		Son		Bal.	to.,Md.	
VS	151-REV. 1/1/68			1			- 6-	· · · · · ·						=

A COLUMN TO SERVICE STATE OF THE SERVICE STATE OF T TARREST DE L'ARREST DE L'ALLANDE 

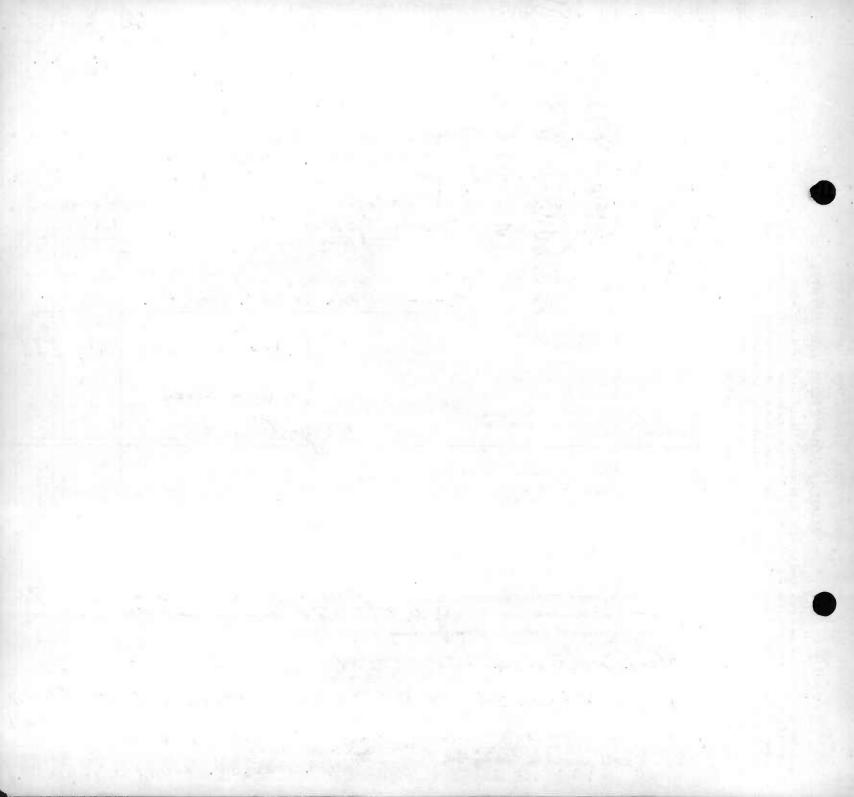
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DIRECTOR:

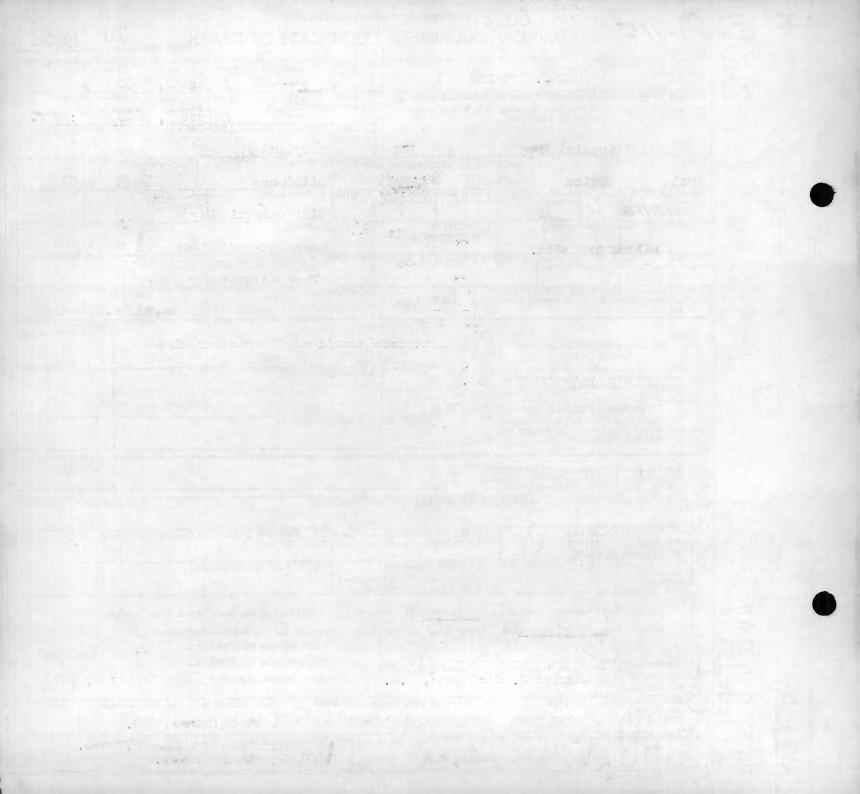
FUNERAL



1) 000	70	8051	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO.		OUUT	CERTIFICA	TE OF DEATH	REG. NO	70 8051
NAME OF DECEASI					ND HOUR OF DEATH	1
Type or Print)	Charles No	e		Au	gust 10, 17	70   3:30 A.M.
PLACE IN BALTIMO	DRE, MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESIDENCE (Wh	ere deceased lived. If i	institution: residence before odmiss
ULL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	ITION GIVE STREET	Maruland	a.	2.610
IOSPITAL OR	ADDRESS OR LOCA	TION)	THOU, OITE STREET	C. CITY OR TOWN	D. IN:	SIDE CITY LIMITS?
	436 N. (L	inton 5	++	Baltimore		YES NO
20	400 11. Ca	Juur J.	cheec	E. STREET AND NUMBER		
				436 N. (lin	ton Street	
SEX 6. R	ACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 I Months Days Hours Min
M	W	WIDOWED [		8/27/'88	87	
OA, USUAL OCCUPAT one during most of warki				11. BIRTHPLACE (State or for	reign cauntry)	12. CITIZEN OF WHAT COUN
ailon-bant	tender	Johnny	O'Connor	Maryland		USA
3. FATHER'S NAME		0		14. MOTHER'S MAIDEN NA	AME	
John Noe				Mary Abs	le	
6. Was Deceased Eve	r in U. S. Armed Fare	es?	1 6. SOCIAL	17. INFORMANT		ADDRESS
es, no or unknown) (If	yes, give wor or dote	s of service)	SECURITY NO		1 No= 1,26	N. Clinton St.
			CAUSE OF DEATH		L. 110E 430	1 APPROXIMATE INTERVA
18.43	0		CAUSE OF DEATI		D	BETWEEN ONSET AND DE
	R CONDITION DIR	ECTLY		- marling	Kenny to	10 May 106
	neon the mode of		(A) IMMEDIATE CAU	A CONSEQUENCE OF:		170
	nenio, etc. It meons ation which caused				P	
	ECEDENT CAUSES			a so her to to	installingi	γ.
	CONDITIONS, if	anv aivina	(B)DUE TO, OR AS	A CONSEQUENCE OF:	-CO / CO - V 120	<u> </u>
rise to the a	bove cause (A)			Weam. to	as se en	>
UNDERLYING CO	ONDITION last.		(c)	SE CEREBURY L. A CONSEQUENCE OF: A CONSEQUENCE OF: L'Apperte	vero · ·	
Z OTHER SIGNIFICAN	II CONDITIONS CO.	ATDIDITING.		<b>(</b>		
TO THE DEATH BU	NT CONDITIONS COLUMN NOT RELATED TO THE	HE TERMINAL	100000000000000000000000000000000000000			
19A. DATE OF OP	ERATION 198. CON	DITION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes or N	o) 208. IF YES, WERE	FINDINGS CONSIDERED
	WAS PERF	ORMED			IN CERTIFYING CA	AUSES OF DEATH?
21A. ACCIDENT V	VAS UNDERLYING	21 B.	PLACE OF INJURY (e.g., in	n or about 21C. WHERE DID fice bidg., INJURY OCCUR?	(If in Baltimo	are City, give exoct location)
DEATH (notify med		etc.)		nee sings, into Ki Occok:		
	anth) (Doy) (Year)	(Haur) 21 E.	INJURY OCCURRED	21F. HOW DID IN	IJURY OCCUR?	
OF INJURY			le At Not While	е		
	(1) (.1)	Wor		Mich	1060 A	10
	t (I) (this hospital			10 70	196 to U	19 /
	t sow the deceose		Upsly 27			pinion deoth occurred on the
	om the couses stot	ed above. (I	) (We) (Bid) (Bid not) v	iew the bady after deoth	•	
23A. SIGNATURE	7.60		to a	nding Med.	Shaff	23 B. DATE SIGNED
Xour	diffen	nes	DEGREE Phys		Staff Phys.	8110/70
23C. PHYSICIAN'S NAME (Type)		_		23D. ADDRESS	$\circ$	a bone.
2000	S F.KLI	MES	W.D.	26232	Morame	u la sucol
AA. BURIAL CREMAT	ION, 248. DATE	24C. NA	ME of CEMETERY OF CRE	MATORY 24D.	LOCATION (C	City, tawn, or county) 2 (State
Burial.	2/12/	170 (	aklawn (emez	Penu Ba	ltimore, Ma	rnuland
SA. PATE RECED BY	THE DEPT OF	ESB TAME O	F ASOMTRAR	25C. FUNERAL DIRECTO		ADDRESS
AUGTO P	MA ARREAGE	" AUTOR	2000	John A. Moha	n, Inc. 3000	2 E B-11.
				a Thorac	19014 000	C. valtimore 3



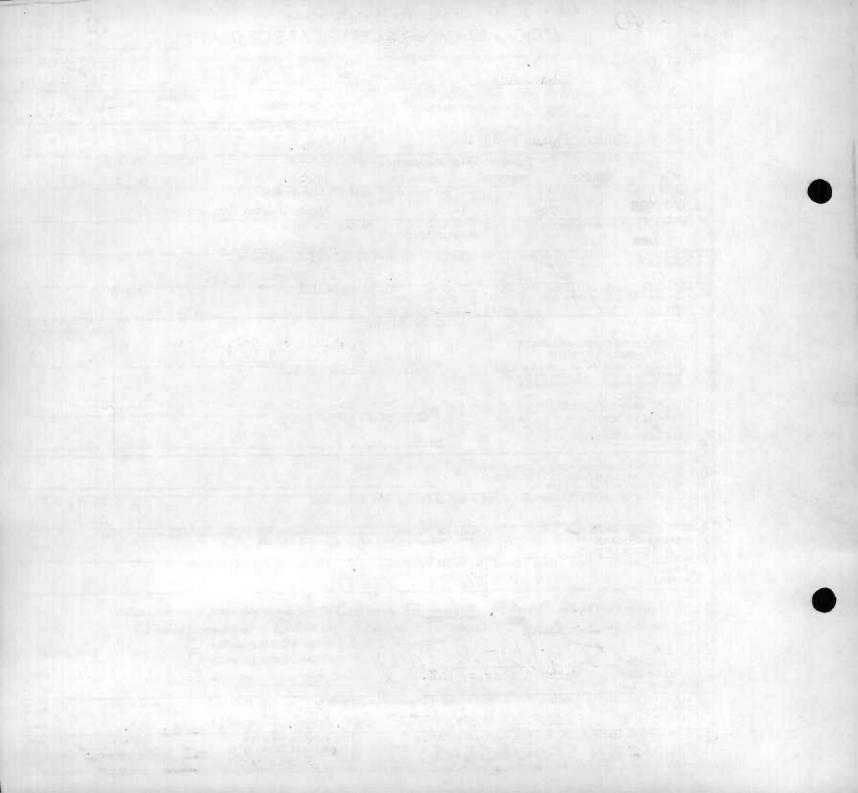
70 8052 BALTIMORE CITY HI	EALTH DEPARTMENT
	CERTIFICATE OF DEATH REG. NO. 70 8052
BIRTH NO.	REG. NO.
1. NAME OF DECEASED (Type or Print)  TOUN C OLD BEEN	2. DATE Known A Manth Day Year Hour
JOHN C. O BRIEN	OF DEATH Estimated August 8, 1970 M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD August 8, 1970 7:30 P. M.
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
1162 Quantril Way	A. STATE Maryland B. COUNTY 7/34
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male White WIDOWED DIVORCED	Baltimore YES NO
9. DATE OF BIRTH 10. AGE (In years   If Under 1 Yr, If Under 24 Hrs. last birthday)   Months   Days   Hours   Min.	E. STREET AND NUMBER
11/29/84 85	1162 Quantril Way
11. BIRTHPLACE(State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
Baltimore, Md. WHAT COUNTRY?	Lawrence O'Brien
14A.USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUSTR	15. MOTHER'S MAIDEN NAME
Machinist ?	Mary Winant
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (II yes, give wor or dates of service)  17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS
no 217-07-8280	Mary Kastner O'Brien, wife, above
19. / CAUSE OF DEA	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY Arterios	clerotic cardiovascular disease
LEADING TO DEATH (A)IMMEDIATE	CAUSE
(This does not mean the made of dying, e.g., heart loilure, osthenta, etc. it means the disease, injury or complication which caused death.)	AS A CONSEQUENCE OF:
injury ar complication which caused death.)	
ANTECEDENT CAUSES (8)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
LINDERLYING CONDITION LAST	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION W.	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
	No
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY(e.g.,	In or about 22C, WHERE DID Of in Rollimore City, also exact lection)
© UTING □ CAUSE OF DEATH.	bldg, etc.) INJURY OCCUR?
22D. TIME (Manth) (Day) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
(APPROX.) [WHILEAT NOT	WHILE
23.	
I certify that I held on Inquiry Inspection X Au	topsy and that on this basis, death in my opinion
resulted from: Natural causes Aceident Suicio	Homicide Undetermined manner
1	CHIEF MEDICAL EXAMINER
SIGNATURE CLAVE TOTALE M.D.	ASSISTANT MEDICAL EXAMINER X
EXAMINER'S Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER August 9, 1970
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY (Specify)	(Sint) found or county) (Sinte)
Burial 8/13/70 Parkwood Co	
	25c, FUNERAL DIRECTOR uneral Homerssinc.
AUG 13 1970 Caber E. Jaban M.A.	25c, funeral prector uneral Homerssinc. 2601 E. Madison St.



Peter Lipkovic, M.B.

ASSOCIATE MEDICAL EXAMINER XX

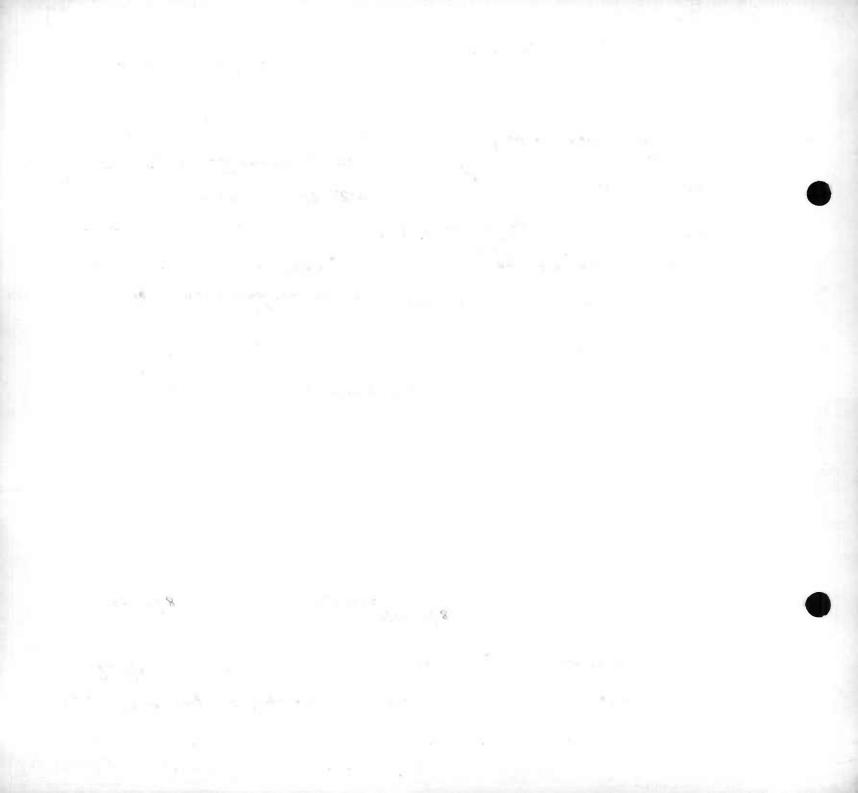
ASSOCIATE



VS 150-REV. 1/1/68



VS 150-REV. 1/1/68



IMPORTANT

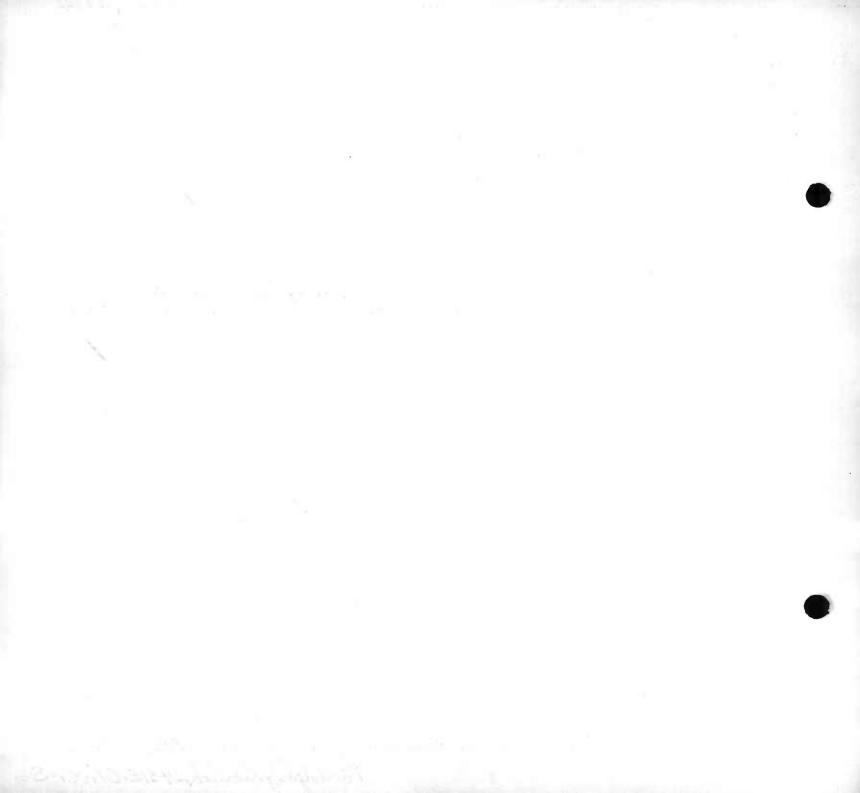
DIRECTOR:

00

NO

Hous Min.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH



HBD

IMPORTANT

DIRECTOR:

FUNERAL

the feet that we have a second Stagene Taylor His Life College Law

Autopsy X

Auburn Cemetry

HomicIde \_\_\_

25C. FUNERAL DIRECTOR

CHIEF MEDICAL EXAMINER

Adolphus Halstead

24D, LOCATION

Baltimore

ASSISTANT MEDICAL EXAMINER

ASSOCIATE MEDICAL EXAMINER Deputy Chief Medical Examiner

Suicide

24C. NAME of CEMETERY or CREMATORY

and that on this basis, death in my opinion

Undetermined manner

(City, town, or county)

1206

**ADDRESS** 

DATE SIGNED

(Stote)

North Ave

8/11/70

Inspection

Accident

M/D.

258. DIAME OF REGISTRAR

23

ACTUAL

24A. BURIAL CREMATION,

REMOVAL (Sperity)

VS 151-REV. 1/1/68

SIGNATURE.

EXAMINER'S

25A. DATE REC'D BY HEALTH DEPT.

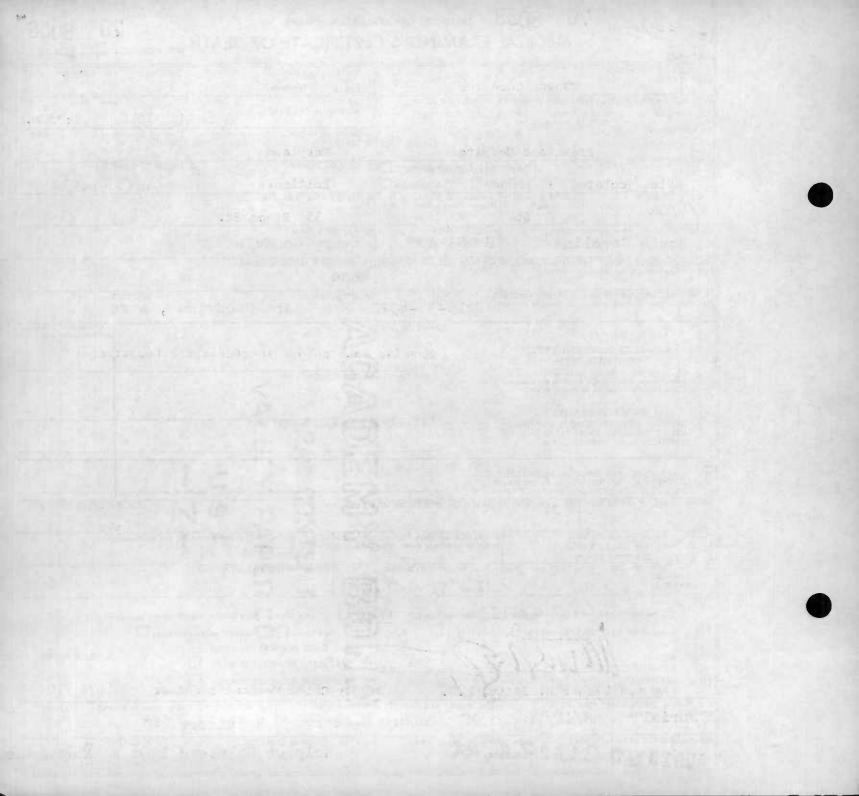
I certify that I held an Inquiry

NAME (Type) Werner U. Spitz/)

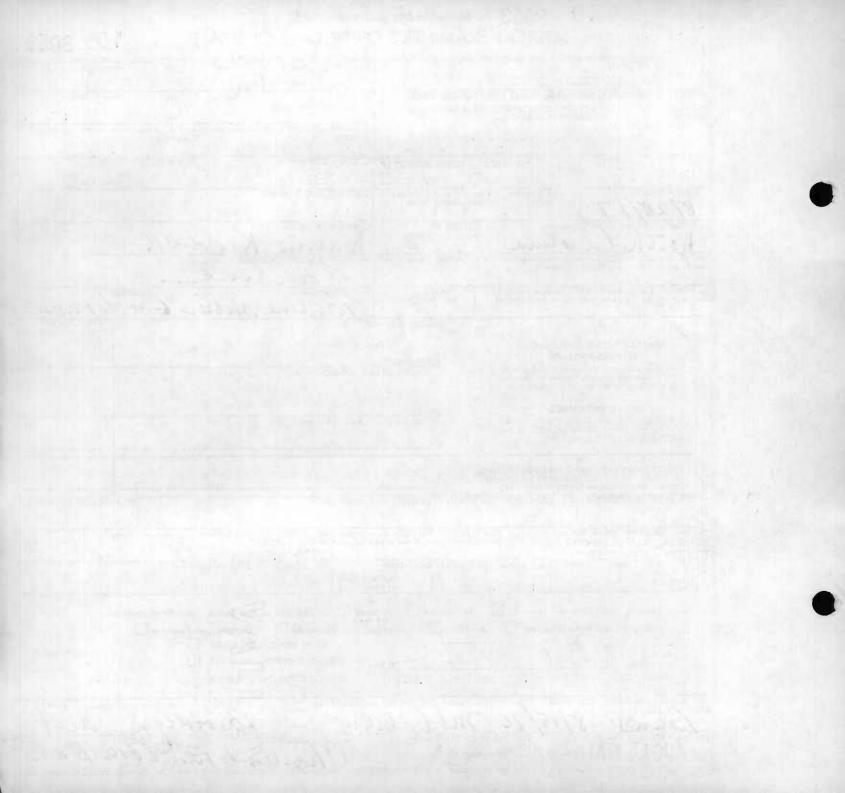
248, DATE

8/14/70

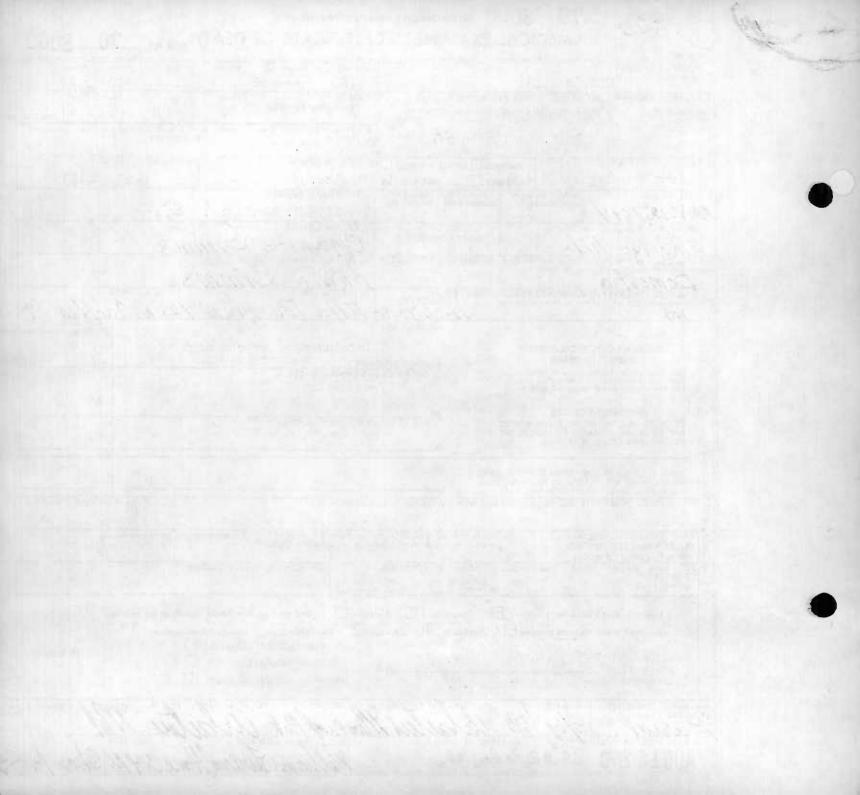
resulted from Natural causes X



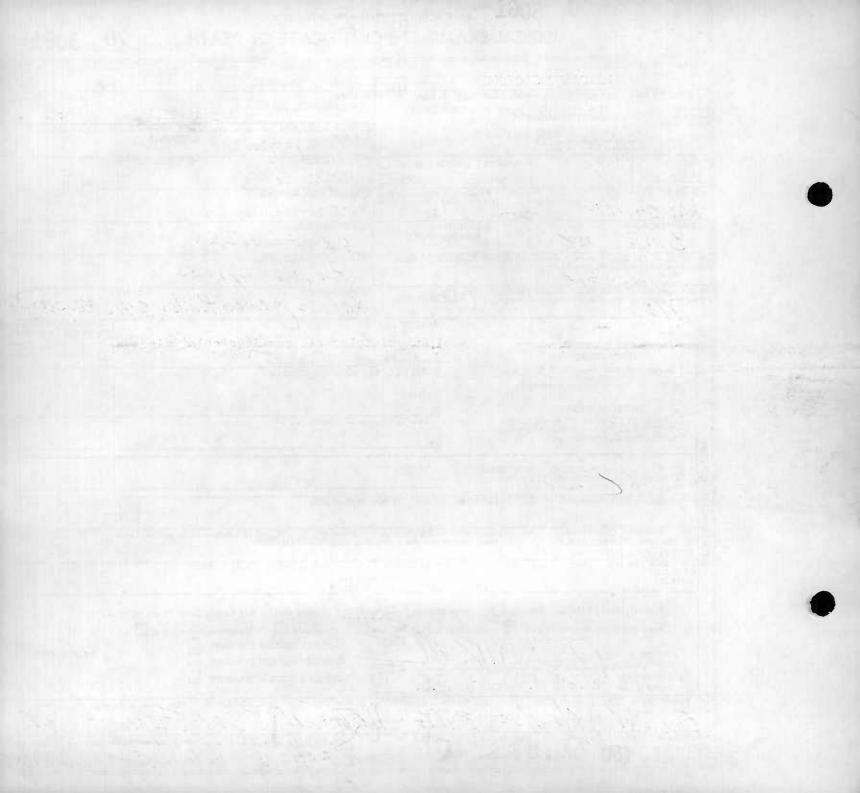
VS 151-REV. 1/1/68



Carrie Simms						Estimated 🔀	8	10	70	4:05	ам.	
4. P	LACE IN BALTIMO	RE, MARYLAND, Y	HERE PRO	NOUNCED DEAD	3. DATE		Month	Day	Year	Hour		
HOS	NAME OF PITAL NSTITUTION	(IF NOT IN HO SPITA	L OR INSTITUTION)	UTION, GIVE STREET		INCED DEAD	8	10	70	4:05		
0	O	1718 W.	Lexing	gton St,	A. STATE	S. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  A. STATE  Md.						
6. S	EX 7. R.	ACE	8. MARRIE	D NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CIT	Y LIMITS?			
	female	Negro	WIDOWE	D DIVORCED	Balto			YE	s × N	10		
9. D	ATE OF BIRTH	I O. AGE (In	yeors H	Under I Yr. If Under 24 Hr	s. E. STREET A	ND NUMBER						
1	64.12,189	14 lost birthdo	75	onths Doys Hours MI	17:	18 W. Lexi	ngton	st.				
11. E	SIRTHPLACE (Stole of	or foreign country)	12	WHAT COUNTRY?	13. FATHER	S NAME	Sin					
E	11/11/98	IIIQ ·	148 KIND C	F BUSINESS OR INDUST	TOV 13 GOTHER	CH / 65		113				
done	during most of working	(life, even If retired)	140. KIND C	OF BUSHNESS OR HADUS	A STATE	S MAIDEN 100	· A . A	0				
	Domost		FARCES	UZ COCIAL	KNIN	18 01	MM	3	DRESS			
Yes,	was DECEASED EN	s, give wor or dotes	of service)	SECURITY NO.	18. INFORM	Z Broo	dan	12211	Corn	How	St	
	9.			CAUSE OF DI	ATH	79.03	7 9 77		APP	ROXIMATE INT	TERVAL	
	DISEASE OF	CONDITION DIPE	CTIV		Carcino	oma of cer	wiv wit	rh		EII ONSEI AI	U DIAM	
	DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  CANIMMEDIATE CAUSE METASTASES											
	(This does not me	on the mode of dy	ing, e.g.,		R AS A CONSEQ	UENCE OF:						
	Injury or complica	enio, etc. It means the tion which coused dec	oih.)						300			
	ANTEC	EDENT CAUSES		(n)								
		ONDITIONS, IF AND	, GIVING	DUE TO, O	R AS A CONSEC	UENCE OF:						
	UNDERLYING C	ONDITION LAST.	TING THE									
Ó.		11		(c)								
ξ	OTHER SIGNIFICA	II INT CONDITIONS C	ONTRIBUTIN	1G								
CERTIFICATION	DISEASE OR CON	BUT NOT RELATED TO	THE TERMIN	AL								
ERT	20A. DATE OF OPE	RATION 208. CO	NDMON FO	OR WHICH OPERATION	WAS PERFORM	ED			21. AUTOP	SY? (Yes or	r No)	
	0								no			
7		CAUSE WAS	22	B.PLACE OF INJURY (e. ome, farm, factory, street, o	g., in or obout 2	C. WHERE DID (	Il in Baltimore	City, give exac	ct location)			
	UNDERLYING 30		no	ome, turm, tuctory, street, or	rice bidg., erc.) ii	JOKY OCCORP						
Σ	22D. TIME (Mont	h) (Doy) (Year	r) (Hour)	22E INJURY OCCURRE	D. 2	2F. HOW DID INJ	URY OCCU	n				
	(APPROX.)		m		OT WHILE							
	23.											
			nquiry		Autopsy	and that on th			-			
	resulted f	rom: Natural cou	sed XX	Accident Sul				ed monner L	_			
	ACTUAL	VIO.	100	MALL		CHIEF MEDICAL E		4	- 1	DATE SIGN	IED	
	SIGNATURE_	AUG	NO		1.D.	STANT MEDICAL E	_	73	8	/10/70		
	EXAMINER'S NAME (Type)		kovic,			CIATE MEDICAL E	XAMINER E	<u> </u>				
24A RES	BURIAL CREMATIC	ON. 248. DATE	1.	24C. NAME OF CEMETER	Y OF CHEMATO	RY 24D. 1	MOITAZOL	(City, town,	· or Course	(Stot	e)	
1	BULLAN	8/14	170	Valuation	Mustra	I Post	UNI	LUL	1110			
25A	. DATE REC'D BY H		258. NA	ME OF REGISTRAR	25C.	UNERAL DIRECTO	X	AL	DDRESS	1	1	
	AUG18 19	10 Robert	E Jab	w KA;	White	liam tu	CLASS H	ans. 3/	9115	hrosa	lons	
VS	151-REV. 1/1/68									<b>==</b>		



110	70 8	3051	BALTIMORE CITY HE	ALTH DEPA	RTMENT					
1-2	MEI	DICAL E	EXAMINER'S	CERTIFI	CATE OF	DEAT	H	70	2061	1
BIRTH NO.							REG. NO.	10,00	0002	
1. NAME OF D				2. DATE OF	Known 🔲	Month	Day	Year	Hnur	
	MARGARET			DEATH	Estimated					м.
4. PLACE IN B	ALTIMORE, MARYLAND,			3. DATE	JNCED DEAD	Month	Day	Year	Hour	
HOSPITAL OR INSTITUTION	ADDRESS OR LOC	ATION)	TION, GIVE STREET				st 11,19		8:28	PM.
1111				5. USUAL R	ESIDENCE (When		ed. If Institution B. COUNTY	residence be	lare admission	n)
	SINAI HOSPITA				Mary1a	nd			5/0	2
6. SEX	7. RACE	8. MARRIED	NEVER MARRIED	C. CITY OR			D. INSIDE C	TY LIMITS?		
Female	Negro	WIDOWED			timore		Y	ES N	10 🗆	
9. DATE OF BI	ITH IO.AGE (	n years If	Under 1 Yr. If Under 24 Hrs. nths: Days   Hours   Min.	E. STREET	ND NUMBER	L. Huji				
Man. 2	4,17/6	54		2416	Keyworth A	Avenue				
II. BIRTHPLACE	(State or foreign country)	12.	CITIZEN OF	13. FATHER	1/ -	-1-	1			
Das	lo Mo		WHAT COUNTRY?	Wim		DL.E	y			
done during most	UPATION (Give kind of work f working life, even if relired)	148. KIND O	BUSINESS OR INDUSTRY	15. MOTHE	S MAIDEN NA	ME				
Hou	of malo			Ma	dIE.	911	E5			
16. WAS DECEA	SED EVER IN U.S. ARME	D FORCES?	17. SOCIAL SECURITY NO.	18. INFORM	IANT O	1	) / Al	DDRESS	. /	7
110	in yes, give wor or doles	or service;	SECURITINO.	Xaro	er Han	lo TI	nder 2	1416 9	CIPSIET	outh
19.	24.		CAUSE OF DEA	TH	0		- 0		OXPMATE INTER	
Tour	SE OR CONDITION DIRE	CTIV	Arterio	osclaro	tic cardi	nvaecui	lar dien	BETWEE	IN ONSET AND I	DEATH
Disex	LEADING TO DEATH	CILI			ere carar.	Jvuscu,	tar arse	436		
(This does	not mean the mode of d	ying, e.g.,	(A)IMMEDIATE O		UENCE OF:					-
Injury or c	Injury or complication which coused death.)  DUE TO, OR AS A CONSEQUENCE OF:									
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)  DUE TO, OR AS A CONSEQUENCE OF:									
RISE TO T	HE ABOVE CAUSE (A) STA		OLINGE OIL							
Z ONDER!	ONDERLTING CONDITION LAST. (C)									
OTHER SIGNATE OF THE DISEASE OF THE	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING									
O THE D	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL									
20A DATE	OR CONDITION GIVEN IN P		WHICH OPERATION WA	C 0000000						
O DAIE	or Orekanola 200. Col	NUMBER FOI	WHICH OPERATION WA	S PERFORM	ED				SY7 (Yes or N	0)
	DAIAL CAUCE HAS	leen						yes		
UNDERLYIN	22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Ballimore City, give exact location) INJURY OCCUR?									
≥ 22D. TIME OF INJURY	(Month) (Doy) (Yea	r) (Hour)	22E INJURY OCCURRED	2	F. HOW DID IN	URY OCCU	IR?			
(APPROX.)		m.	WHILE AT WORK NOT	WHILE						
23.				<u> </u>						
I ce	rtify that I held on I	nquiry 🗌	Inspection Aut	opsy K	ond that on th	is basis,	death in my	opinion		
	Ited from: Natural cou		celdent Suicid	· Ho	micide 🔲 1	Undeterm!n	ed manner			
	1		11.1		HIEF MEDICAL E					
SIGNA		1/1/	1/1/1	ASSIS	TANT MEDICAL E	XAMINER	x	D	ATE SIGNED	,
EXAMI	VER'S		M.D.	•	CIATE MEDICAL E					
NAME		N. Korn	olum, M.D.	A330	CIATE MEDICAL E	VALUER		8/12/70	)	
24A. BURIAL CR	EMATION, 1248, DATE	/ 2	C. NAME of CEMETERY	P CREMATO	RY 24D. I	LOCATION	(City, Jown	or county)	n (State)	
REMOVAL (Spe	11 8/11	1170	Balto 1	alis	nel 5	501	top	lours	6	0
25A. DATE REC	BY HEALTH DEPT.	25B, NAM	E OF REGISTRAR	OSO E	UNERAL DIRECTO	10	CI Laboration	DRESS	JIAT	_
AUCTS	1070 22.4	E Falls		1 1	1		1 VIA	DKESS )	RI	1/1
AUGI	12/0 00000	4000	3 "70,	1 /10	ceph D	Low	1/1.	11400	Unha	4014
VS 151-REV. 1/1/										



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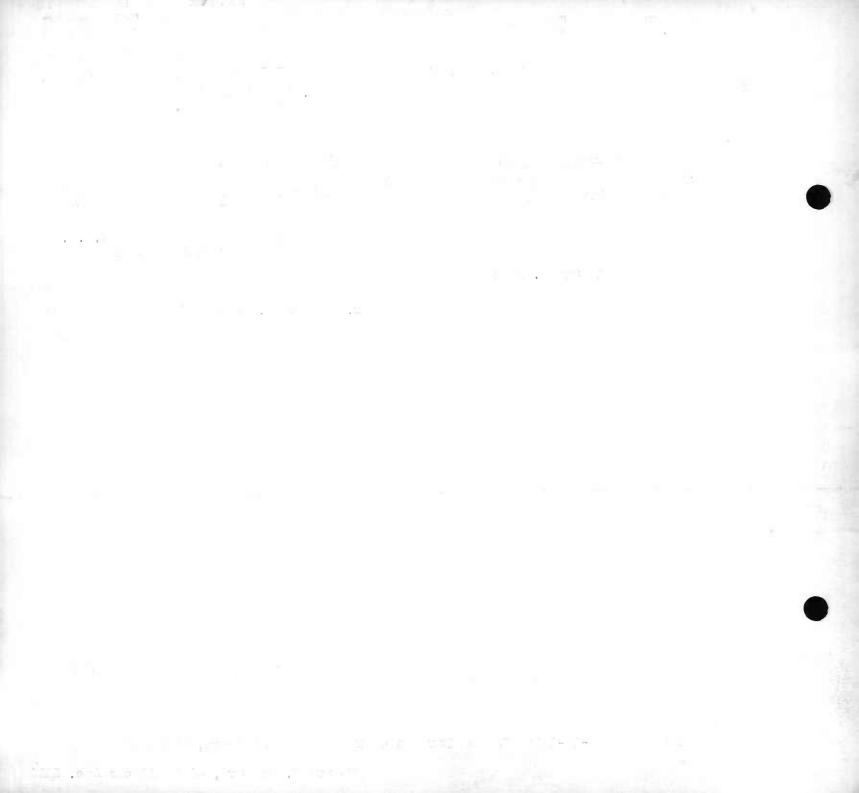
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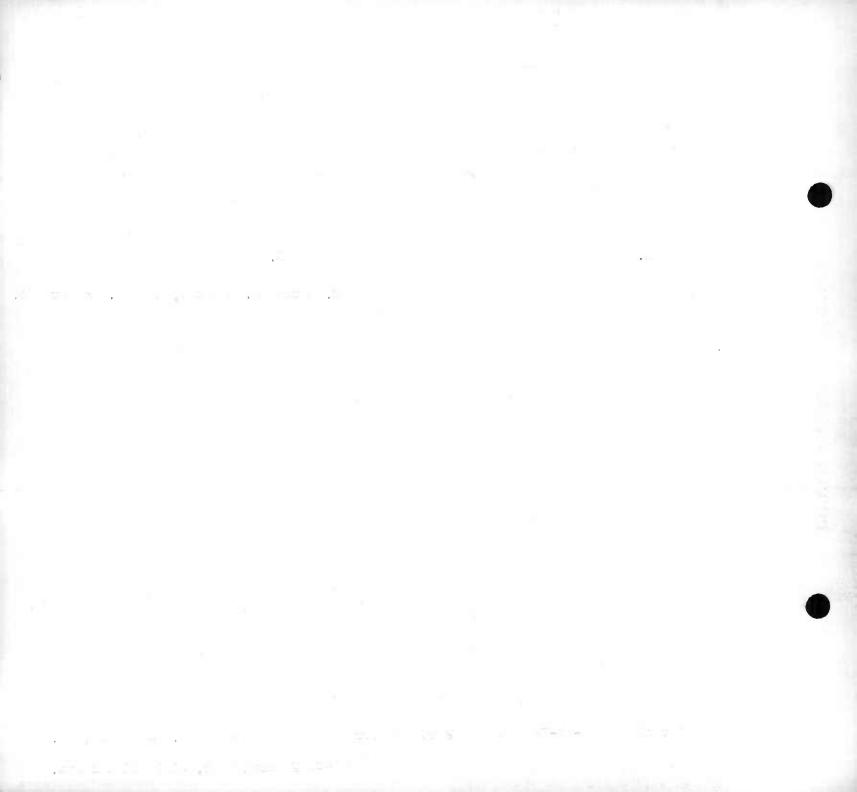
**DIRECTOR**:

FUNERAL

VS 150-REV. 1/1/68

7 11 W





1	N= 141	Y HEALTH DEPARTMENT X REG. NO. 70 8065
BII	IRTH NO. SOERTIFICA	ATE OF DEATH REG. NO.
(Ту	Type or Printly JOHN F. NICKLA	S 8-12-70(3:30 AM)
3.	R. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence below odmission) A. STATE B. COUNTY
H	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN
	OUTH BALTIMORE GEN. HOSP.	GLEN BURNIE YES NO W
4	43	E. STREET AND NUMBER AN HIGHWAY 5200
	6. RACE   7- MARRIED   NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years I Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
don	DA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY  One during most of working life, even if epitred!  RETIRED BLICK love:  Construction	Dalto Carolina Country)  12. CITIZEN OF WHAT COUNTRY
3.	FRED NICKLAS (dec)	14. MOTHER'S MAIDEN NAME  JULIA EURICH (dec)
(re	Wos Deceosed Ever in U. S. Armed Forces?  es, no or unknown) (If yes, give wor or dates of service)  1 6. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
L	Unknown 1 219-01-5643	ANNA NICKLAS (WIFE) SAME
	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
	LEADING TO DEATH	USE CEREBROVASCULAR ACCIDENT
	(A) IMMEDIATE CAN heart loilure, ostherio, etc. It means the disease, injury or camplication which caused death.)	A CONSEQUENCE OF:
		PERTENSION
		A CONSEQUENCE OF:
	UNDERLYING CONDITION lost. (C)	***************************************
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART (A).	
RTIFICATI	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	n of about 21 Cs WHERE DID
ပ	DEATH Inotity medical examined etc.	ffice bldg., INJURY OCCUR?
5	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?
	Work At Work	
	22, I certify that (I) (this hospital) attended the deceased fram	8-11-70 1970 to 8-12 1970
	ond hour and from the couses stated above. (1) (We) (dld) (dld not) v	19.7. and that fn(my) (gur) opinian deoth accurred on the date
	234 SIGNATURE	23B DATE SIGNED
	OEGREE Phys	
	NAME (Type)	SOUTH BALTIMORE GENERAL HOSP.
24 A	A- BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	
	Burial Aug 15/70 GlenHaven	Memilark Glen Burnie, MI-
25A	A. DATE REC'D BY HEALTH DIPT. 258. NAME OF REGISTRAR	25G FUNERALDIRECTOR Single for Famoria / Home
10	AUG 13 1970 Page 6 C Jake 189	1. P. Dungaron Colon Burnie, Mit

Butter Comment they were in The total the same of the same

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ADDRESS

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

(Stote)

IMPORTANT DIRECTOR: FUNERAL

VS 150-REV. 1/1/68



	21/2			BALTIMORE CITY	HEALTH DEPARTMENT	×	170	
BI	-343 RTH NO.	70	0067	CERTIFICA	TE OF DEATH	REG. NO	70	8067
1,	NAME OF DECEA	SED	2007			ND HOUR OF DEATH		
	C	hetelat WKS.	Mary	C.	8/	11/70	1	11 53 AM
3.	PLACE IN BALTIA	MORE MARYLAND, W	HERE PROPOUNC	ED DEAD	4. USUAL RESIDENCE (WH	ere deceased lived. If in	stitution: resi	dence before admissiont
FL	JLL NAME OF	(IF NOT IN HOSPITADDRESS OR LOCA	AL OR INSTITUTIO	N, GIVE STREET	Nld. B	alto.	as \$ 4	5300
İİN	OSPITAL OR				C. CITY OR TOWN	D. INSt	DE CITY LIM	
1	bon seco	ours Hospita	/		Catonsville	5	YES	NO I
12	Y Balti	more, Mar	yland		5913 Charles	Street		
		RACE	7. MARRIED W	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1	Yr. If Under 24 Hrs.
		White	WIDOWED	DIVORCED	67/14/95	lost birthdoyl	Months D	oys Hours Min.
do	A. USUAL OCCUPA	ATION (Give kind of work king life, even if retired)	10B, KIND OF BUS	SINESS OR INDUSTRY	11. BIRTHPLACE (Stole or for	reign countryt	12. CITIZE	N OF WHAT COUNTRY?
	Presser		B. V. D.	Corp.	Maryland -1	Balto.	U	. S.A.
li –	FATHER'S NAME				14. MOTHER'S MAIDEN NA	ME		
1	Betennah	Murphy -	Daniel		Mary Dee			
15. (Ye	Was Deceased Ev s, no or unknown) (If	er in U. S. Armod Ford yes, give wor or dote:	os? 16.	SOCIAL SECURITY ND.	17. INFORMANT John	H. Chetelo	7 † A	DDRESS
	No		21	2-10-5363		13 Charles		Z=21207
	18,	01		CAUSE OF DEATH				APPROXIMATE INTERVAL
		OR CONDITION DIR	ECTLY		Q / -	1 . 1 W	861	WEEN ONSET AND DEATH
	(This does not	mean the mode of	dving. e.g.,	(A) IMMEDIATE CAU		yaılure		1 day
	heart lailure, ast	thenia, etc. It means cation which caused	the disease.	DUE TO, OR AS A	CONSEQUENCE OF:	U		V
		TECEDENT CAUSES	a cana	Pencho	a signaulan a	an Nomt		a days
	DISEASES OR CONDITIONS, il any, giving  (B)  DUE TO, OR AS A CONSEQUENCE OF:							3 days.
	sise to the	above cause (A)	slaling the	1 H21	ser/insion			2 43075
		11		(C)				
NO	OTHER SIGNIFICA	NT CONDITIONS CON	TRIBUTING		-			
ATI	DISEASE OR CON	UT NOT RELATED TO TH	1 (A).	****************	**************************************	******************************		
ERTIFICATION	19A. DATE OF OF	PERATION 198 CONE	ORMED	H OPERATION	20A. AUTOPSY? (Yes or N	O) 208, IF YES, WERE F	INDINGS CO	ONSIDERED
CER	21A. ACCIDENT	WAS UNDERLYING	21B. Pt A	CE OF INITIBY (e.g., in	No. (no permission of about 21 C. WHERE DID		60.	
AL	OR CONTRIBUTING	WAS UNDERLYING DE CAUSE OF Dedicol exominer	home, fo	rm, foctory, street, off	ico bidg. INJURY OCCUR?	(If In Soltimore	City, give e	xact locotion)
DIC		Nonth) (Doy) (Year)	(Hour) 21E INJ	URY OCCURRED	21F. HOW DID IN.	Illay occurs		
MEDI	OF INJURY (APPROXI		While At	Not While		JOKY OCCUR!		
		. (1) (4) := 1 - 1 - 1	Work	☐ Al Work	2/10	_	0/1	
	22. I certify that (I) (this hospital) attended the deceased from 8 09 19 70 to 8 /// 19 70							
	that (i) (we) lost saw the deceased alive on 19 10 and that in (my) (our) apinian death accurred an the date							
	and have and from the causes stated obove. (1) (We) (did) (did nat) view the bady after death.  23A. SIGNATURE    23B. DATE SIGNED							
		Rusuma K	Prukson	ong M.D Atten	ding Med.	Shell F	8/11	190
	23C. PHYSICIAN'S			GEGREE FILYS.	3D. ADDRESS	Phys.	0/"/	/
	NAME (Type)	Dn. KUSUMA	K: PRUKS		Bon	Lecours He	ospital	
24A	BURIAL CREMA	TION, 24B, DATE	24C. NAME	of CEMETERY OF CREA	MATDRY 24D. L		town, or co	auntyf (Stotel
1	Burial	8/14/70			Cemetery Bal		ırular	
	DATE REC'D BY	HEALTH DEPT.	25B. NAME OF RE	GISTRAR	25C. FUNERAL DIRECTOR	exterling Tunera	1 Estate	ADDRESS
-	WG1419	10 SteBent E	Jaber, M.	0.	10 11 13 15	736 Edmondso.	n Ave.	
VS	150-REV. 1/1/68					Coton ville, M.	1 2122 P	



IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

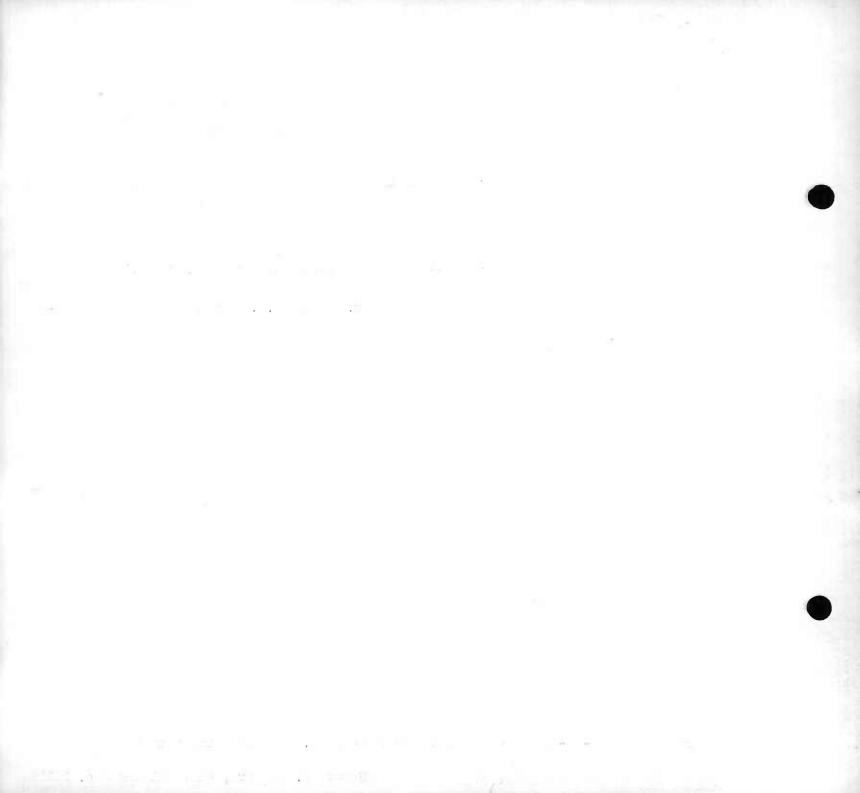


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FUNERAL DIRECTOR:

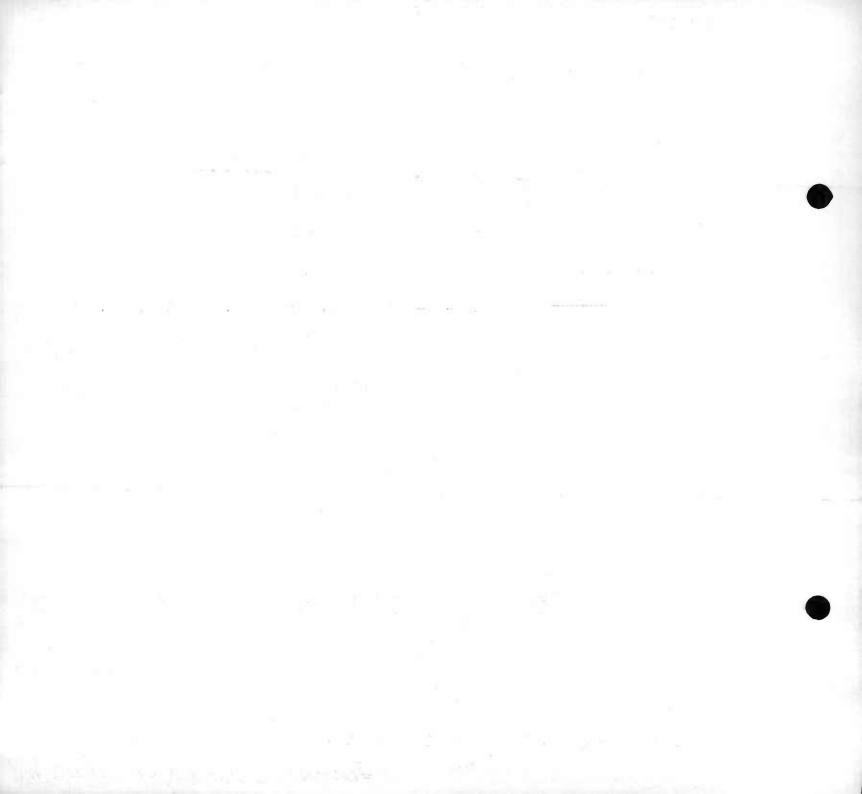
. 47 TANKS parts have a first one of the second control of the second c

150-REV. 1/1/6B



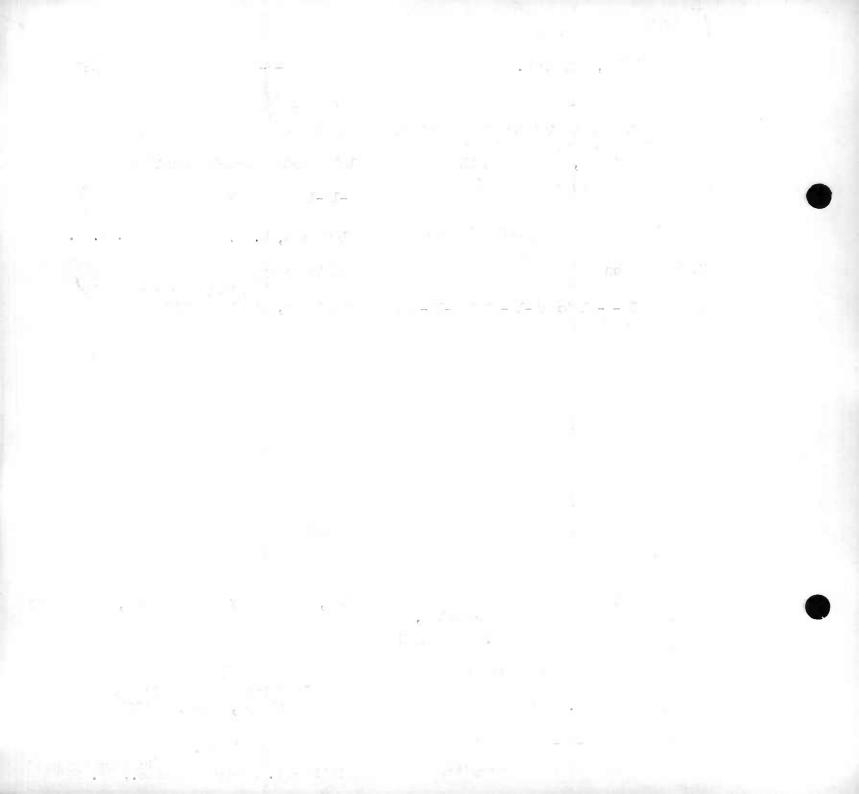
FUNERAL DIRECTOR: IMPORTANT

	1	BALTIMORE :	CITY HEALTH DEPARTMENT ./U 8071							
	BIR	TO 80/1 CERTIFIC	CATE OF DEATH REG. NO.							
		NAME OF DECEASED	2. DATE AND HOUR OF DEATH							
		Venuel Hagarens	Ay 81970 185 M							
	3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where Enceosed lived. If institution: residence before admission) A. STATE 8. COUNTY							
	HO	JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Haryland TA/boTM							
	INS	STITUTION L	C. CITY OR TOWN  D. INSIDE CITY LIMITS?  VES TV  NO TOWN							
		3 The John Hopkin Hospith	E. STREET AND NUMBER							
je.			104 Marie St							
disposition is made.	5. \$	SEX 6. RACE 7. MARRIED X NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yeors If Under 1 Yr., If Under 24 Hrs. Months; Doys; Hours; Min.							
IS L	104	WIDOWED DIVORCED	11 1-11-9							
0	COLL	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDU-	11. BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF WHAT COUNTRY?							
214		lam rein Seafood FATHER'S NAME	Maryland USA							
0	134		14. MOTHER'S MAIDEN NAME							
	15.3	DANIEL HIGGINS Was Deceased Ever in U. S. Armed Forces?   16, SOCIAL	FLORENCE HARPER							
B	(Yes	s, no or unknown) (It yes, give wor or doles of service) SECURITY NO.	17. INFORMANT ADDRESS							
	_	No 219-44-21								
0		DISEASE OR CONDITION DIRECTLY	A A LAA CANA O A A A POAL A PER LA BETWEEN ONSET AND DEATH							
96		LEADING TO DEATH								
Ballaed		hear failure, osthenio, etc. It means the disease.								
E		injury or complication which coused death.)	Pulmany Emhole I mos							
0		ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving DUE TO, OR								
5			AS A CONSEQUENCE OF: HEPATICA							
		UNDERLYING CONDITION last, (C)								
É	NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING ? 40	patitis							
	F	DISEASE OR CONDITION GIVEN IN PART 1 (A).	1/0							
	CERTIFIC	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. ANTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?							
	CER	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.	162							
			g, in or obout 21C, WHERE DID (II In Boltimore City, give exact location), office bidg., INJURY OCCUR?							
3	MEDICAL	21D-TIME (Month) IDoy) IYeon IHoud 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?							
	2	OF INJURY (APPROX.)  While At   Not V   Work   At W.	While Cook							
	1	22. I certify that (I) (this haspital) attended the deceased (1/1)	Thugust 1 19 D to 8 hus 10 70							
	ı	22. I certify that (I) (this hospital) attended the deceased from 27 August 19 D to 8 Aug 19 To that (I) (we) lost saw the deceased alive on 8 8 19 To and that In(my) (our) opinion death accurred on the date								
		and how and from the couses stated above (1) (We) (did) (did not								
		23A GIGNATURE	23BAD ATE SIGNED							
	X	The value of the v	Attending Med. Staff Director Phys.							
	7	23C. PHISICIAN'S NAME (Type)	23D. ADDRESS							
2	244	Bernadiue H. Sulkley proper John Honding Homethy								
3	44A.	BURIAL CREMATION, 248. DATE 24C. NAME OF CEMETERY OF								
	25 A	Burial Aug 11, 1970 Neavitt								
		ALIC 1 4 1970 Registrar	25C, FUNERAL DIRECTOR PADDRESS							
1	/S 1	150-REV, 1/1/68	* Aurison (o. Oflorala M. Muchellis, Ma.							



FUNERAL DIRECTOR: IMPORTANT

1	125	1710		and the	HEALTH DEPARTMENT		חרי	0.0510	
BIR	TH NO.	70	80	72 CERTIFICA	TE OF DEATH	REG. NO	70	8073	
	AME OF DEC				1	ND HOUR OF DEATH			
	T	IPTON, Walter	R.		8.09.0	70		5:30	P M.
3.	PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRON	OUNCED DEAD	4. USUAL RESIDENCE (Wh.	ere deceosed lived. If in NTY	stitution: resi	dence before a	dmission)
FU	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)				Maryland			121	1.5
INS	NOITUTITE				C. CITY OR TOWN	D. INSI	DE CITY LIM	ΠS?	
1		eterans Admin 900 Loch Rave			Baltimore E. STREET AND NUMBER		YES	NO 🗌	
1									
S. S	Baltimore, Maryla 5. SEX   6. RACE   7. M			D NEVER MARRIED	1630 North Ca	9. AGE (In years	If Under I	V. 1/ 11 1	01.11
Ma	le	Caucasian	WIDOWE		9=18=19	lost birthdoy	Months D	oys Hours	r 24 Hrs. Min.
10A	USUAL OCC	UPATION (Give kind of work	108, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or lore	eign caunity)	12. CITIZEI	N OF WHAT	OUNTRY
done	Machi	working life, even if retired)  nost	Shin	Builder	Olda Beet M		TT	e .	
13.	FATHER'S NA	ME	4112	2000	Olda Post, N.	ME.	0.	S. A.	
T. 7-2	774am m	inton							
	lliam T		cas?	1 6. SOCIAL	Dollie Lorry				
		Ever in U. S. Armed For			VAL III	ospital Reco	ras	DDRESS	
Ye	18.	10-8-41 to 1	2-16-4	2 239-14-1715 CAUSE OF DEATH	Baltimore, Ma	aryland 2121	8		
MEDICAL CERTIFICATION	DISEASES OF CONTRIBUTION OF CONTRIBUTION	EE OR CONDITION DIS LEADING TO DEATH  al mean the made of asthenia, etc. Il means uplication which caused  ANTECEDENT CAUSES  OR CONDITIONS, if a abave cause IA) CONDITION lost.  ILLIANT CONDITIONS COT H BUT NOT RELATED TO THE ONDITION GIVEN IN PART OPERATION   198. CONDITION GIVEN IN PART OPERATION GIVEN IN	dying, e.g. the diseas death.)  any, givin staling th  NTRIBUTINC SE TERMINAL 1 (A).  DITION FOR ORMED	(B) DUE TO, OR AS  (C) WHICH OPERATION  B. PLACE OF INJURY (e.g., In imme, form, foctory, street, off c.)  E. INJURY OCCURRED  (hile At Not While	A CONSEQUENCE OF:    20A. AUTOPSY? (Yes or No. No. No. or about 21 C. WHERE DID injury occur?	(I In Boltimore	ISES OF DE	ATH?	***************************************
	22. I certify that 1 (this haspital) attended the deceased from August 9 19 70 to August 9 19 70								
					igust 9	19 70 to Augu	ıst 9,	19.	70
		last saw the decease		_	19.70 and th	at [n](](5)() (aur) apin	ian death	occurred on	the date
	23A. SIGNATU	RE L	en anove.	YY (ue) (ala) Kala(Nol) Al	ew the bady after death.		228 DATE	IGNED	
	MAH	muite 1. m	mail	Atten	nding Med. Staff Phys. P				
	23C, PHYSICIAN'S								
	NAME (Upper)								
24A.	MARGUERITE T. MORAN  DEGREE  Baltimore, Maryland 21218  4A. BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY of CREMATORY  24D. LOCATION (City. town, or county) (Stote)								
	Burial	8-12-70	)   00	timama Watt.		·			
25A	DATE REC'D	BY HEALTH DERT.	25B. NAME	timore Nationa	2SC. FUNERAL DIRECTOR	ltimore, Mar		ADDRESS	
	AUG 14	7 170 1660 E	E. Val	Sey K.D.	William, E.	Johnson Ra	J21 Lo	ch Rave	n <sub>4</sub> Bl
VS 1	50-REV. 1/1/6	8				DA			<i>-</i> 1



25-11	BALTIMORE CITY HEALTH DEPARTMENT
Such	BIRTH NO. 70 8073 CERTIFICATE OF DEATH REG. NO. 70 8073
	(Type or Print) Harry Rosenberger 2. Date and Hour of Death  8/12/70 1230
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived, If institution: residence before edinissi  A. STATE  B. COUNTY
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET Mayland, Baltimere 5300 (C. CITY ORTOWN D. INSIDE CITY LIMITS?
ľ	3/Baltimore City Hospitals Rose and Number NOD
	4940 Eastern Avenue, Baltimore, Md. 21224  E. STREET AND NUMBER  8219 Belair Road  21236
	MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years Winder 1 Yr. II Under 24 H Menths Doys Heurs Min.
I	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or loreign country)  12. CITIZEN OF WHAT COUNT
U	Printer Maryland U2S.A.
ľ	13. FATHER'S NAME
	John Lillian ,
	IS. Wes Decessed Ever in U. S. Armed Ferces? (Yes, no et unknewn) (III yes, give wor or dotes el service) SECURITY NO.  16. SOCIAL SECURITY NO.
I	Unk. 213-03-3839 Records: BCH-4940 Eastern Avenue 21224
lì	18. APPROXIMATE INTERVAL
I	DISEASE OF CONDITION DIRECTLY
ı	LEADING TO DEATH  (This does not mean the made of dying, e.g., heart foilure, asthenia, etc. II means the disease, injury or camplication which coused death.)  (A) IMMEDIATE CAUSE VENTYCULAY ITTIAbility - TOWNTH 7 days  DUE TO, OR AS A CONSEQUENCE OF: VENTYCULAY TUCKYCATALAY  TIBRILLATION
H	heart foilure, asthenia, etc. Il means the disease, injury or camplication which coused death.)  DUE TO, OR AS A CONSEQUENCE OF: Ven Mcular tuck yeardlat in the coused death.)
l	ANTECEDENT CAUSES
i	(B) Proven myocardia infarchims 7 weeks
ı	lise to the abase couse (A) stating the
i	UNDERLYING CONDITION lost. (c) Pulmonary emboly, probable 12 days
ı	Z Congestion real three 4 weeks
ı	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING E TO THE DEATH BUT NOT RELATED TO THE TERMINAL
ľ	DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	in the state of th
	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in er obout 21C. WHERE DID or CONTRIBUTING   CAUSE OF home, form, lectory, street, ellice bldg., INJURY OCCUR?
i	21D.TIME (Month) (Deyl (Yeer) (Heur) 21E. INJURY OCCURED 21F. HOW DID INJURY OCCUR?
ı	(APPROX.)  While A1 Not While At Work
ŀ	22. I certify that (I) (this haspital attended the deceased fram 7/17 1970 to 8/12 1970
	that (1) (we) last saw the deceased alive an 8/12 19 70 and that in (my) (we) apinian death accurred on the do
ŀ	and have and from the causes stated above. (1) (16) (did) (did) (did) view the body after death.
	23A. SIGNATURE 9
ı	Attending Med. Shift Solid
	22.C. BUHALI CLASSES
	NAME (Type) Eloise Harman 23D. ADDRESS Baltimore City Hospitals, 4940 Eastern Thous House Appendix Along Hospitals, 4940 Eastern
	24A. BURIAL CREMATION, 24B. DATE 124C. NAME OF CEMETERY OF CREMATION
	REMOVAL (Specify)
	British 19/70 BALTO. CET BALTO. MD. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
1	AUG 14 1970 Robert & Jaber 4. 8.
Ļ	15 150-REV. 1/1/68

- 11

2.7 (A) (III.)

	in a hospital and a grause of death ause; (5) Deceased ittendance on the or to death. Such	BIRTH NO.  I. NAME OF DECEASED (Type of Print)  FANNIE COHEN  3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION)  TO HAS HOPKIN'S HOSPITAL  BALTIMORE OF TEALTH DEPARTMENT  REG. NO.  70 8074  A. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)  A. STATE  R. COUNTY  MARYLAND  C. CITY OR TOWN  D. INSIDE CITY LIMITS?  BALTIMORE  E. STREET AND NUMBER
if death occurred ect or contribution 4) Undetermined c was in regular a the deceased priciposition is made.	5. SEX  6. RACE  7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  CAUCASIAN  WIDOWED DIVORCED 05/02/85 lost bishinday)  10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or (oreign country))  HUUSEWIFE  13. FATHER'S NAME  SIDNEY  POTLIK  REBECCA  REBECCA	
DIRECTOR: IMPORTANT	cal examiner or his assistant al examiner. Also, if the di s; (3) A fracture of any kind; ian who pronounced death is in regular attendance on ins are embalmed or final di	15. Was Deceased Ever in U. S. Armed Forces? (Tes, no or unknown) (Uf yos, give wor or doles of service)  16. SOCIAL SECURITY NO. 216 24 3105 Ben (GHEN-(640 ASHLAND AVE)  18. 4 40
FUNERAL	by the chief medical pital by a medical rep. (2) Body burns; where the physician was a before the remain	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).  1994-DATE OF OPERATION 1995-CONDITION FOR WHICH OPERATION WAS PERFORMED 2004-AUTOPSY? (Yes of No.) 2015-TYPE OF No.) 2016-TYPE OF NO.)
	icate must be approved by was released to the hosp. An accident of any natural, at a hospital (except vorior to death); and (6) approval must be obtained.	21D. TIME (Month) (Doy) (Year) (Hour 21E. INJURY OCCURRED While At Work   Not While   Not
		VS 150-REV. 1/1/68

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VS 150-REV. 1/1/6

the second control of the second con-

IMPORTANT

FUNERAL DIRECTOR:

	11			BALTIMORE CITY	HEALTH DEPARTMENT / 70	8076			
BII	NH NO. 56	70	807	6 CERTIFICA	TE OF DEATH REG. NO.	0010			
	Pe or Print)	CRAMERS	Loui	5	2 DATE AND HOUR OF DEATH	10.1- 1			
3.		IMORE MARYLAND, W			4. USUAL RESIDENCE (Where deceased lived, If institution; residence	lence before admission)			
H	ILL NAME OF DSPITAL OR STITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET	LA STATE B. COUNTY HARYLAND. BALLO C. CITY OR TOWN D. INSIDE CITY LIMI	5301			
1	1		_		BALTIMORE. YES	NO 🗌			
0	SINAI	HOSPITAL	or 6	SALTIMORE.	6950 Brook-ill Pd. Ar	1 18. #15.			
5.		6. RACE	7- MARRIED	NEVER MARRIED	B. DATE OF BIRTH 9. AGE (in years If Under 1 lost birthday) Months: Do	Yr. If Under 24 Hrs. Hours Min.			
10/	MALE	WHITE	WIDOWED		1/5/1900 76.				
dor	RETAI	Crking life, even if retired)	1	CHANT	BALTIMORE, MARYLAND  11. BIRTHPLACE (Stote or foreign country)  BALTIMORE, MARYLAND  US	OF WHAT COUNTRY?			
13.	JOSEPI	H KRAMER			14. MOTHER'S MAIDEN NAME REBECCA KRAUSS				
5. Ye	Wos Deceased	Ever in U. S. Armed For Of yes, give war or date	ces?	6- SOCIAL	17. INFORMANT A	DDRESS			
	NO	an year give war ar bole	3 UT 38111CE/	213-09-4845	MRS. IDA KRAMER, 6950 BROOKMILL R	D. AFT. 1 B			
	(This does no	OR CONDITION DIS EADING TO DEATH	dying, e.g.,	CAUSE OF DEATH	пет	APPROXIMATE INTERVAL WEEN ONSET AND DEATH			
	injury or comp	e, ostherio, etc. It means the disease, omplication which caused death.)							
		NTECEDENT CAUSES			CLEROTIC CARDIOVASCULAR DISE	-32A			
	rise to the	CONDITIONS, if obove couse (A) CONDITION last,	ony, giving sloling fhe	(c)	A CONSEQUENCE OF:				
ATION	TO THE DEATH	CANT CONDITIONS COIL BUT NOT RELATED TO THE	E TERMINAL	***************************************					
ERTIFIC/	19A-DATE OF	OPERATION 198 CON	DITION FOR V	VHICH OPERATION	NO 208, IF YES, WERE FINDINGS CO	NSIDERED ATH?			
CALC	21 A. ACCIDENT OR CONTRIBUT DEATH (notify r	T WAS UNDERLYING TING CAUSE OF medical examiner)	21 B, hom etc.)	e, larm, factory, street, of	or obout 21 C. WHERE DID (If In Boltimore City, give e lidg., INJURY OCCUR?	xoct location)			
MEDI	21D. TIME OF INJURY (APPROX.)	(Monthl (Doy) (Yearl		INJURY OCCURRED  Not White At Work	21F. HOW DID INJURY OCCUR?				
	22. I certify t	hat (1) (this hospital	attended th	ne deceased from	8 /7. 19 70 10 8/11	19 7 0			
	that (I) (we) I	ast saw the decease	d alive an	8/11	1970 and that in (my) (our) apinion death	occurred on the dote			
	and hour and	from the causes stat	ed abave. (I	) (We) (did) (did not) vi	lew the bady after death.				
	23A. SIGNATUR			Tusto	238, DATE S	IGNEP			
	-	There		M . D - DEGREE Phys.	nding Med. Staff Phys. S	11/70.			
	23C. PHYSICIAN NAME (Typ	(5)		MA	3D. ADDRESS	7			
17.		REAS A.	PETS	DEGREE		IMORE.			
4.4	REMOVAL (Sp	ecify) 248, DATE	24C.NA	ME of CEMETERY of CRE	MATORY 24D. LOCATION (City, town, or co	ountyl (State)			
) 5 4	BURIA		bhr i	KNESSETH ISRAE	L ANSHE SFARD, ROSEDALE, MARYLAND				
	AUGI	4 1970 Kebe	SE, Va	Bey K.B.	SOL LEVINSON & BROS., 6010 REISTE	RSTOWN ROAD			
15	150-REV. 1/1/68	3							

litage militarin experience HAR IN TAKE IN A COLUMN TO THE RESERVE OF THE

VS 150-REV. 1/1/68

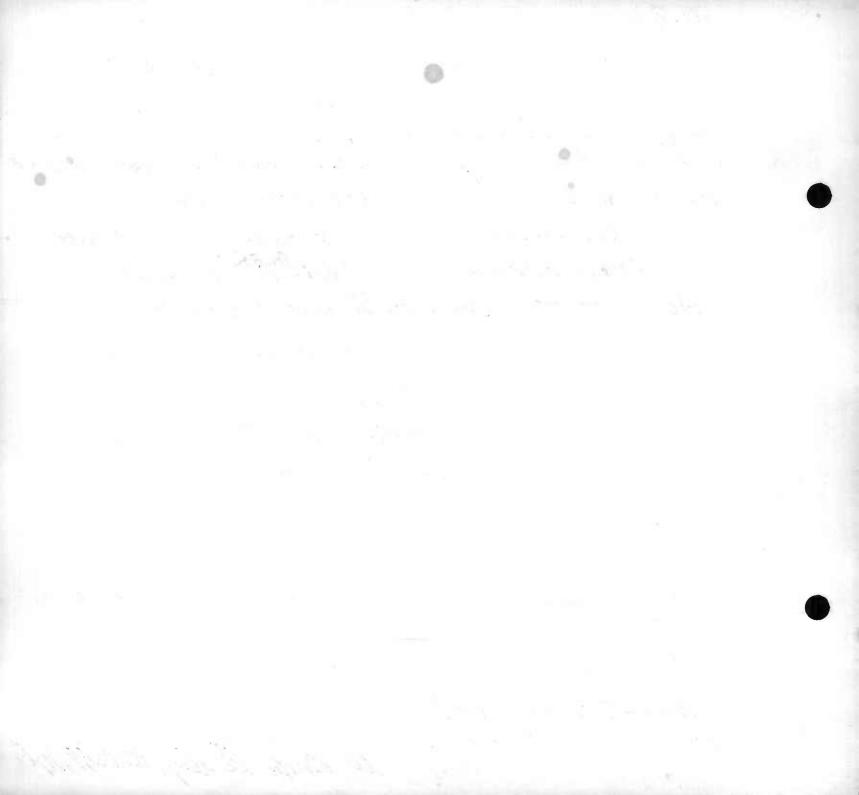
4/20/71 - Court Order, Orphans' Court of Baltimore County. Signed by: Judges S. Mensh, I Burgess Hamilton, Sr. & Alexander B. Page, Jr., 4/16/71.

V/16 70 0070	BALTIMORE CITY	HEALTH DEPARTMENT		70 8078
K-6/6 70 8078	CERTIFICA	TE OF DEATH	REG. NO	10 00:0
1. NAME OF DECEASED (Type or Print) ISAPORE & KERB	ER	2. DATE A 8.9.	NO HOUR OF DEATH	# 40 Pm
3. PLACE IN BALTIMORE, MARYLAND, WHERE PROPERTY	NOUNCED DEAD SATISFIED TO THE STREET	MARY LAND C. CITY OR TOWN  BALT   MORE E. STREET AND NUMBER	D. IN	Institution: residence before odmission
5. SEX 6. RACE 7. MARRIE	ED NEVER MARRIED	508 EUTAW PL	9. AGE (In years	If Under 1 Yr. , If Under 24 Hr
MALE WHITE WIDOW	ED DIVORCED		lost birthdoy)	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work lob, KIND done during most of working life, even if retired) PHOTO SELF	EMPLOYED	NEW YORK	eign country)	USA
13. FATHER'S NAME ADOLPH KERBER		14. MOTHER'S MAIDEN NA REGINA ?	ME	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) NO	e) 16. SOCIAL SECURITY NO. 212-18-9479A	17. INFORMANT HEBREW FREE BU MR. MOSE MORRI	RIAL, 403 W	ADDRESS  . KOKNREDWOOD ST. XMXRKKTXRKACKXXXX
DISEASES OR CONDITIONS, if ony, giving to the obove couse (A) stoting to underlying condition lost.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	(C)	A CONSEQUENCE OF:		
TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	DR WHICH OPERATION	20A. AUTOPSY? (Yes or N	o) 208. IF YES, WERE	E FINDINGS CONSIDERED AUSES OF DEATH?
O 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., indicated), form, foctory, street, of etc.)	in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If In Boltim	ore City, give exoct location)
₩ OF INJURY	While At Not While Work		JURY OCCUR?	
22. I certify that (1) (this haspital) attended that (1) (we) last sow the deceased alive of	8020	1.31-6/ 19 and t		pinion death occurred on the d
and hour and fram the couses stoted obove.  23A. SIGNATURE  23C. PHYSICIAN'S	M. D. DEGREE Phy	ending Med.	Staff Phys.	23B. DATE SIGNED 8-9.70
NAME (Type)  M. BODENHEIMER  24A. BURIAL CREMATION,  24B. DATE  24C	M.D.	Senai 1	Hospites	City, town, or county) (State)
REMOVAL (Specify)	ALTIMORE HEBREW		LTIMORE, MA	
	OF REGISTRAR	25C. FUNERAL DIRECTO	R	O REISTERSTOWN ROA

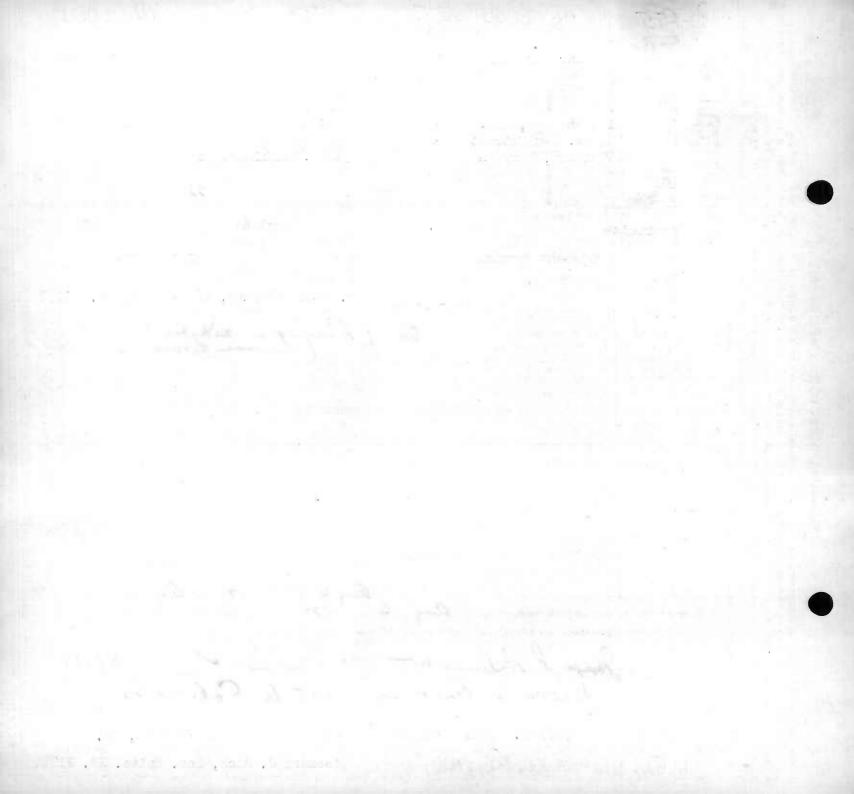
appelant of Court for court of so derace in Bactimine
from 1/1/1941 to 8/24/1970.

dos, salt a was type feet and the sale of the

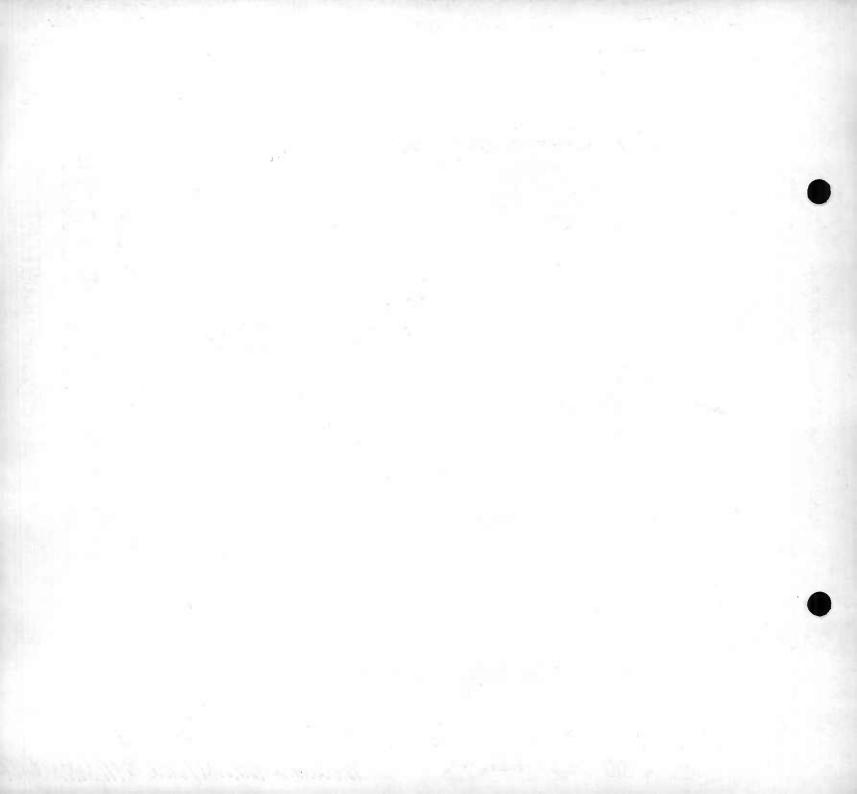
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4 /					REG. NO.	0000
0-655		0000	CERTIFICA	TE OF DEATH		
IRTH NO.	FASED				AND HOUR OF DEATH	4
ype or Print)		Branham		2.001	8/10/70	8:10 P
PLACE IN BALT	TIMORE MARYLAND, V	WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (WI		institution: residence before admiss
ULL NAME OF	(IF NOT IN HOSPI' ADDRESS OR LOC	TAL OR INSTITU	JTION, GIVE STREET	Md.		603
NOITUTITE	Midtown Hor			Baltimore	D. IN	YES ON NO
CIA	808 St. Par		+	E. STREET AND NUMBER		TES DE NO
70	Baltimore,			2310 E. Balti	more St.	
SEX	6. RACE	1.	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24
M	M	WIDOWED		9/2/14	last birthday)	Months Doys Hours Mi
			BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUN
Electri	working life, even if retired) අද්යත	Ste	el Co.	Maryla	and	USA
FATHER'S NAM				14. MOTHER'S MAIDEN N.		
		Branhan	1		Mollie	Miller
	Ever in U. S. Armed Fo		1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	till yes, give wor or dor	01 36141067	212-03-1660	Mr. John Mulva	aney, 1202 (	Settig Rd. 21237
heart failure, injury ar cam	at mean the made a asthenia, etc. It mean plication which caused ANTECEDENT CAUSE	s the disease, d death.) S	(B)	Á CONSEQUEÑCE OF:		
DISEASES OF THE RESIGNIFE TO THE REAL PLANT OF THE DEAT OF THE DEAT OF THE DEAT OF THE REAL PLANT OF THE PLANT OF THE REAL PLANT OF THE PLANT OF THE REAL PLANT OF THE PLANT OF THE PLANT OF THE PLANT OF THE PLANT OF THE PLANT OF THE PLANT OF THE PLANT OF THE PLANT	asthenia, etc. It mean application which cause that the cause of the c	s the disease, d death.)  S any, giving staling the DNTRIBUTING THE TERMINAL RT 1 (A).	(B)(C)	A CONSEQUENCE OF:		
DISEASES OF COUNTY OF THE PROPERTY OF THE PROP	asthenia, etc. It means plication which cause to ANTECEDENT CAUSE OR CONDITIONS, if a abave cause (A) G CONDITION last.  IL CANTCONDITIONS COMBINED TO CONDITION GIVEN IN PA OPERATION 1198. CO	s the disease, d death.)  S any, giving staling the DNTRIBUTING THE TERMINAL RT 1 (A).	(B)	Á CONSEQUEÑCE OF:	No) 20B. IF YES, WERE IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
DISEASES OF THE SIGNIF TO THE DEAT DISEASE OF CO. 219A. DATE OF CONTRIBUTE OF CONTRIBU	asthenia, etc. It means plication which cause to ANTECEDENT CAUSE OR CONDITIONS, if a abave cause (A) G CONDITION last.  IL CANTCONDITIONS COMBINED TO CONDITION GIVEN IN PA OPERATION 1198. CO	s the disease, d death.)  S any, giving stating the  DNTRIBUTING THE TERMINAL RT 1 (A). NOTION FOR Y  RFORMED	(B)	A CONSEQUENCE OF:  A CONSEQUENCE OF:	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
DISEASES OF THE SIGNIF TO THE DEAT DISEASE OF CO. 219A. DATE OF CONTRIBUTE OF CONTRIBU	ashenia, etc. It means plication which cause of the cause	s the disease, d death.)  S any, giving stating the  DNTRIBUTING THE TERMINAL RIT 1 (A). NOTION FOR 1 REFORMED  21B hometic.	(B)	20A. AUTOPSY? (Yes or nor obout 21C. WHERE DID fice bidg., INJURY OCCUR?	IN CERTIFYING C	AUSES OF DEATH?
DISEASES Orise to the UNDERLYING  OTHER SIGNIF TO THE DEAT DISEASE OR CO 19A. DATE OF OR CONTRIBU DEATH (notify (APPROX.)  21D. TIME OF th JURY (APPROX.)  22. I certify that (1) (we) and hour and 23A. SIGNATU	ashenia, elc. It meaniplication which cause ANTECEDENT CAUSE OR CONDITIONS, if a abave cause (A) GONDITION last.  IL CLANT CONDITION S COMMON CONDITION GIVEN IN PACTOR OF THE ATTENDED TO CONDITION GIVEN IN PACTOR OF THE AUGUST OF THE COMMON CAUSE OF THE CAUSE OF THE COMMON CONDITION (Doy) (Year of the Couses stopped to the Couse stopped to the Couse stopped t	s the disease, d death.)  S any, giving stating the  DNTRIBUTING THE TERMINAL RT 1 (A). NOTION FOR 1 etc.  O (Hour) 21E. Whomed the death of the technique of t	WHICH OPERATION  PLACE OF INJURY (e.g., in form, factory, street, of the deceased from the deceased fr	20A. AUTOPSY? (Yes or nor obout 21C. WHERE DID fice bidg., INJURY OCCUR?  21F. HOW DID II	IN CERTIFYING C  (If In Boltim  NJURY OCCUR?  19 73 to Cu  that in (my) (our) of	ore City, give exoct locotion)
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BALTIMORE CITY HEALTH DEPARTMENT



	HEALTH DEPARTMENT
BIRTH NO. 8082 CERTIFICA	TE OF DEATH REG. NO
I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
WALTER DIGGS	8-11-70 m.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE I Where deceased lived. If institution: residence before admission A. STATE  B. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION	MAKYLAND 1538
INSTITUTION	C. CITY OR TOWN  D. INSIDE CITY LIMITS?
LUTHERAN HOSPITAL OF MARYLAND	E. STREET AND NUMBER
70	2902 RLLENDALE ROAD
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years   If Under 1 Yr. if Under 24 Hes.
M NEGRO WIDOWED DIVORCED	1/6 27 - /9//0   (0/)
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE I State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
NONE	So Mara Mil USA.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WEBSTOR DIGGS	DUSAN COOMBS
15. Was Deceased Ever in U. S. Armed Farces?  Yes, no ar unknown	17. INFORMANT ADDRESS
1970	Corrinto Sourson NZYNCANOYSt
18. 4/2217-01/9 CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH COLUMN	I Infaction 2° Absorbers
(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	SE A CONSEQUENCE OF:
injury or complication which caused death.)	
ANTECEDENT CAUSES	but Itge + leaber Thronton 2 days.
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS rise to the above cause (A) stating the	A CONSEQUENCE OF:
UNDERLYING CONDITION lost. (C).	ASCIV. YEARS.
z II	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL	angestion: bed Pulm. Intercebies yopker
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  1994. DATE OF OPERATION 1998. CONDITION FOR WHICH OFERATION WAS PERFORMED	20A. AUTOFSYE (Yes) or No. 208, IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	20A. AUTOFSY2 (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OP CONTRIBUTION OF CAUSE OF INJURY 18.5. IN	or obout 21 C. WHERE DID (if in Boltimore City, give exect location)
DEATH (notily medical examiner) etc.)	
DEATH (notily medical examiner)  21D.TIME (Month) IDay) (Year) (Haur)  21E INJURY OCCURRED  White As a second of the control o	21F. HOW DID INJURY OCCUR?
(APPROX) Work At Work	
22. I certify that (I) (this hospital) attended the deceased fram	8-10 19 70 to 8-11 19 70
that (I) (we) last saw the deceased alive on	19 70 and that in (my) (aur) opinion death occurred on the date
and hour and from the causes stated above. (1) (We) (did) (did not) vi	ew the body after deoth.
Quality Q. Ashend W Atten	238, DATE SIGNED
Phys.	Director Phys. 4
name tryper	BD. ADDRESS
24A. BURIAL CREATATION OVER DATE	LUTHERAN HOM. 730 BHBURTON ST.
REMOVAL (Specify) Start 170 PM Days in	Tally towing of country
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	
AUG 14 1970 Pobe & Faller NA	mappine pulpulage 1387 gran St
VS 150-REV, 1/1/68	Visit I man ?



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DIRECTOR:

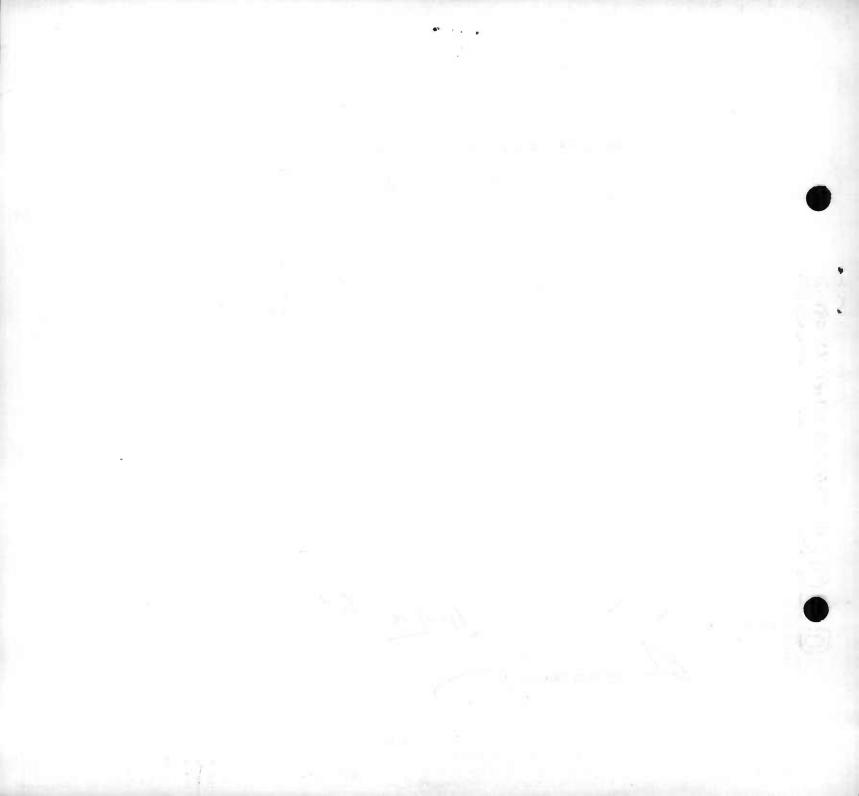
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James Epotro Famos Plas

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D-2001		70 8084 BALTIMORE CITY HEALTH DEPARTMENT	0094
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- 0 0 0 E	(1	GARLEATHA VIRGINIA DIGGS 8/13/70	1 - 20 0
= 000 = ±	3	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, Il institution	residence belore odmission
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	, JIÀ	FULL NAME OF IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)  C. CITY OR TOWN  D. INSIDE CITY	ONE 1001
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ri Bratta	11	NORTH CHAPLES GENERAL HOSPITAL E. STREET AND NUMBER	3 100
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ra in p	3 3.	SEX 6. RACE 7. MARRIED NEVER MARRIED 2 8. DATE OF BIRTH 9. AGE (in years   II Un	der 1 Yr. il Under 24 Hrs.
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(4) u (4) u the	13	01/201 1)8000	
ZEBASET	15		
TA ista	CY.	es, no of unknown) (If yes, give wor or doles of service) SECURITY NO.	ADDRESS
assis if th ny ki	:   _	NO 219-38-1453 Hosp Chart	
Po si sa na	5	DISEASE OF CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	3	LEADING TO DEATH	
Als Als		(This does not mean the mode of dvine and th	1400128
R: ner er. ctur		heall lailure, asthenia, etc. It means the disease, injury or complication which caused death.)	
or in in a rack		1 2 3 4 4	-0164
ECTOR examine xamine xamine y ha fract who pr		DISEASES OR CONDITIONS, if ony, giving, DUE TO, OR AS A CONSEQUENCE OF:	8 DA95
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00.0		UNDERLYING CONDITION lost. (C)	
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RAL Dimedican being by by sici	АПОМ	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
A PEYGE	. <	DISEASE OR CONDITION GIVEN IN PART 1 (A).	
FUNERA THE CHIEF M By a me 2) Body by The the physician By Signal	ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDING IN CERTIFYING CAUSES OF	DEATH?
FU the circle ph	Ü	21A. ACCIDENT WAS UNDERLYING  21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, farmy, factory, street, affice bldg., INJURY OCCUR?	Ive exact location)
=======================================	₹ S	(DEATH (notify medical examine)	~ /. ( - 0 /
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oved be hosping hosping weept weept wild (6)	×	LADBOOK A-4 70 745 While ALT Not While AT THATED FROM SECOND	FLOOR
() ()		AW INDUM - WOUNDOW IN SICAPE	HOUSE LIKE
2 - 2 - 0		22. I certify that (1) (this haspital) attended the deceased from	3 1970
024-0		that (1) (Ne) last saw the deceased alive an 8/3/70 19 and that in (my) (Our) apinion dec	ath accurred an the date
		and haur and fram the causes stated above. (1) (Ne) (did) (did not) view the body after death.	
must be eleased scident hospit to deat		23A. 31GDA170KE	TE SIGNED
		Attending   Med.   Staff   Phys.	13/70
0 - 0 - 5		23C. PHYSICIAM'S NAME (Type)  23D. ADDRESS	
certificat sody was vs. (1) An So. at ased pric		OEGREE	
TACOR		A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town,	or county) (Stole)
This certif the body shows: (1) was D.O.		Burial 8-18-70 Arbatus Mem Pre. Balto. No	
This ce the books: was D.	25	A. DATE REC'D' BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR CIRCLES	ADDRESS
サポポックタ		AIG 14 1970 R & C Z Q KETSCAL S. 1210 Q. 1	1 <1
0	VS	150-REV. 1/1/68	10cm . 21.

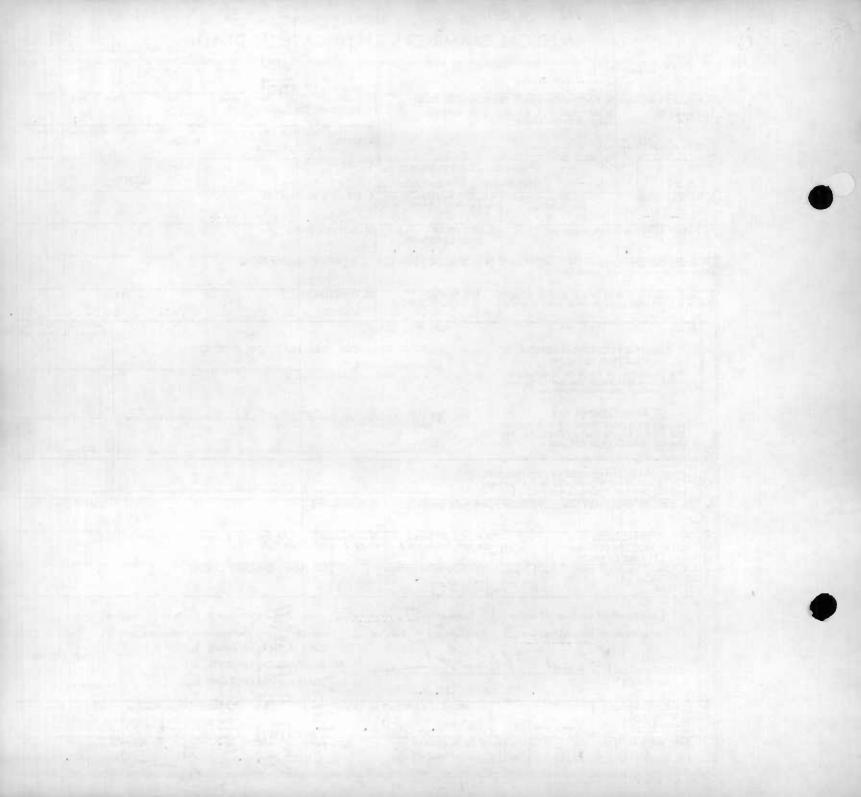


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	oital and of death Deceased e on the th. Such	1. NAME OF DECEASED  [2. DATE AND HOUR OF DEATH
	h on ece	inom As, Virginia
		3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceosed lived. Il institution: residence before odmission)  A. STATE  B. COUNTY
	hos use (5)	HOSPITAL OR ADDRESS OR LOCATIONI  GOVERNMENT OF THE PROPERTY O
	r to	D. INSIDE CITY LIMITS?
	8 8 4 9	E. STREET AND NUMBER
	ar de de	University Hospital 3313 Reisterstown Rd.
		5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeors   Il Under 1 Yr. if Under 24 Hrs. Months; Doys Hours; Min.
	occu ontril ermir regul eased is mo	Temale Negroid WIDOWED DIVORCED 3-14-41 39
	E 0 # _ 0 E	done during most of working life, even if retired]
	ded Unc as as	HOUSEWITE V.C. U.S.A.
_	direct or ; (4) Under the was in the dedisposition	1/ / O /
Z		15. Wes Decessed Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
ORTAN	the d the d kind; d deat ance or final c	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.
S		18. / ROX   CAUSE OF DEATH   APPROXIMATE INTERVAL
MP	de 1 - 6 - 6	DISEASE OR CONDITION DIRECTLY
≥	Als Als nou atte	LEADING TO DEATH (A)IMMEDIATE CAUSE UREMIA
ä	or ctur	heori foilure, asthenia, etc. It means the disease, injury or camplication which caused death.)  DUE 10, OR AS A CONSEQUENCE OF:
CTOR		ANTE OF STATE
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DIRE	9 6 E in 8	rise to the obove cause (A) stating the UNDERLYING CONDITION tast. (C)
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AL	nief medical a medical ody burns; ne physicisician was the remai	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL ADJUST OF CONDITION GIVEN IN PART 1 (A).  RUPTURE TI TURO-OVARIAN ABSCITSC
2	Frio d A	U 19A-DATE OF OPERATION 19R CONDITION FOR WHICH OPERATION 20A-AUTOPSY? (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED
FUNERA	サンスサンの	8/6/40 WAS PERFORMED HOUSES OF DEATH?
I		In the contract of the own of the contract of
		OK CONTRIBUTING CAUSE OF home, form, foctory, street, affice bldg., INJURY OCCUR?  DEATH (notify medical examined)  21D.TIME (Month) (Day) (Year) (Hour) 21E (NJURY OCCURRED)  21D.TIME (Month) (Day) (Year) (Hour) 21E (NJURY OCCURRED)
	hospital hospital nature; ( iept whe d (6) No ained be	O 21D. TIME (Month) (Doy) (Yeer) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  OF INJURY  (APROX.)  While AI Not While
	> = 0 0 0	Work LJ At Work LJ
	E 50	22. I certify that (I) (this haspital) attended the deceased from 8/5/40 19 to 8/11/40 19 that (I) (we) last saw the deceased alive an 8/11/70 19 and that In(my) (our) apinion death accurred on the date
	d to d to tal tal t be	and have and from the causes stated above. (1) (We) (did) (did not) view the bady after death.
	ust be a eased to ident of nospital death) must be	23A. SIGNATURE 23B. DATE SIGNED
	3000	Jergio Verti cecco Ha Attending Med. Stoff Blys.
	s re	23C. PHYSICIAN'S NAME (Type)
	was r An a A. at a prior	SERGIO PERTICUCCI MIL DEGREE
	15000 E	EMOVAL (Specify)
	ws:	Burial 8-18-70 Loudon Pk. Natil. Balto. Md.
	This certify the body shows: (1) was D.O. deceased written a	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR V. R. BAILEY ADDRESS KESON F. W. 1348 Calhell St.
		VS 150-REV. 1/1/68

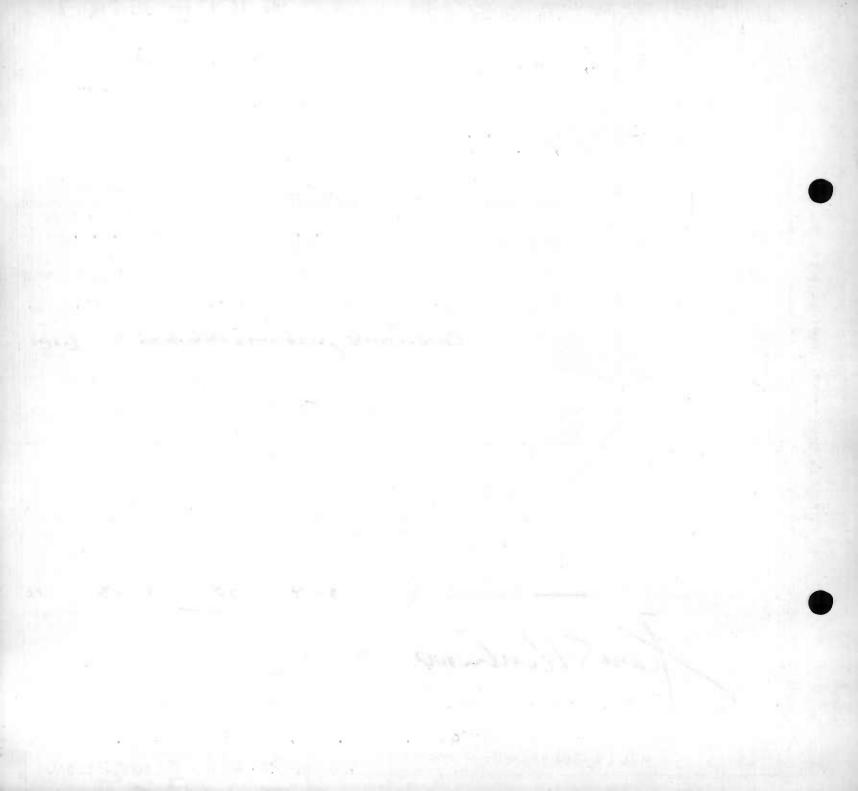


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_	0000	BALTIMORE CITY HEALTH DEPARTMENT	

		MED	ICAI	L EX	MA	INER'S	CERTI	FICA	ATE OF	DEAT	H REG. NO	0	0 80	)86
I. NAME OF DEC	CEASED	77					II2. DATE	-	Known 🔲	Month	Doy	Yea	r Hour	
(Type or Print) KATHERINE ROSS						OF		Estimated	Monn	50,	160			
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD						3. DATE	1		Month	Day	Yeo	r Hour	М.	
FULL NAME OF HOSPITAL	(IF NOT	IN HOSPITA	AL OR INS	ודטזוכ	N, GIVE	STREET	PRO	IONNO	CED DEAD	Augus	t 11,1	970	9:55	р. м.
OR INSTITUTION							5. USUA A. STATE		ENCE (When			ion: residen	ce belore adm	
BON	SECOUR	S HOSP	PITAL					Ma	ryland		B, COUNT	/	606	) /
6. SEX	7. RACE		8. MARI	RIED [	NEVE	MARRIED	C. CITY	OR TO	WN		D. INSIDE	CITY LIMIT	57	
Female	Neg	ro	WIDON	WED [		DIVORCED [		1tin				YES E	NO 🗆	
9. DATE OF BIRT		10. AGE (li lasi birthda	n yeors	If Un Mont	der I Yr.	lf Under 24 Hrs Haurs   Min.		TAND	NUMBER					
12-18-	21		48				63	5 N.	. Carey	Street				
II. BIRTHPLACE		n country)			HAT CO		13. FATH							
	ld.				-	1. D. A.			Baxter					
14A.USUAL OCCU	JPATION (Give	kind al work on if relined)	14B. KINI	OFE	SUSINESS	OR INDUSTR	1							
	- N								ice Bo	yer				
16. WAS DECEAS	ED EVER IN U	J.S. ARMED	of service	5?	17. SOC	URITY NO.	18. INF				200	ADDRESS	3.0.	
no						21676		gie	e McDa	niel	720	Carro	ollton	
19. 4	0.71				C	AUSE OF DEA	ATH					6	APPROXIMATE I	
DISEAS	E OR CONDI	TION DIRE	CTLY			Subara	chnoid	hen	norrhage	e due t	0			
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injury or con	mplication whic	h caused dec	alh.)											
	NTECEDENT (					(B) Ruptu	re of	aner	ysm of	circle	of Wi	llis		
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I UNDERLYII	NG CONDITION	ON LAST.				(c)								
<u> </u>		11												
OTHER SIGN	NIFICANT CON	DMONS CO	ONTRIBU	TING										
는 DISEASE OF	RCONDMON	GIVEN IN P	ART 1 (A)	)										
20A. DATE O	F OPERATION	20B. CO	NDITION	FOR	WHICH C	PERATION W	AS PERFO	RMED				21. AU	JTOPSY? (Yes	ar Na)
													yes	
22A. EXTER	RNAL CAUSE I			22B.P	LACE O	F INJURY (e.g.	, in or abou	1 22C.	WHERE DID	(If In Baltima	re City, give	exact locatio	on)	
I A UTING □ CA	USE OF DEA	TH.												
≥ 22D. TIME OF INJURY	(Manth) (D	ay) (Yea	r) (Hou			Y OCCURRED	•	22F.	HOW DID IN	NJURY OCC	UR?			
(APPROX.)				m. W	HILE AT [		T WHILE WORK							
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24A. BURIAL CRE		4B. DATE				of CEMETERY	or CREM	ATORY	[24D	LOCATION	Chy. Id	own, ar cau		ote)
REMOVAL (Spec	ify)	8-17-	-70			. Nat		em.		Balti			•	
25A. DATE REC'D					OE REG				IER AL DIREC					
A DATE REC'D	11G14	1970				E. M.D.			son F.		348 Ca			
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	P6 Q P E	BIR	CERTIFICA	TE OF DEATH	REG. NO.	
	of death Deceased on the	1.1	AME OF DECEASED	2. DATE AN	D HOUR OF DEATH	
	- 0 e c -		Byrd. 40 omes	8/10	2/70 / pm	м.
	at le De t	3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (When	d deceased tived. If institution: TY	residence before admission)
	a hospicause ose; (5) Dendance	HC	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET SPITAL OR ADDRESS OR LOCATION)	Baltomore	D. INSIDE CITY	zimits?
	- 3	1	Pleasant Manor N.H.	Balto	YES	NO 🗌
	و خوا	1	Baltimore, Md. 21215	3915 Liker	to Heights	Ave
	tribut minec gular sed p	5. 5	EX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years If Und lost birthday) Month	ler 1 Yr. If Under 24 Hrs.
	contribut contribut etermined n regular eceased p	L	MIDOWED DIVORCED	7/31/21	49	
	co lete		USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY adving most of working life, even if retired)	11. BIRTHPLACE (Stote or forei	gn country) 12. Cl	TIZEN OF WHAT COUNTRY?
	or nd de itio		tailor	S.C.		I.S.A.
	washe pos	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAM	AE	
느	iri lire h (4					
Z	B B 5 0 -	1S. (Ye	Was Deceased Ever in U. S. Armed Forces?  "no or unknown" (If yes, give war or dates of service)  16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
E	sist the the kir de de inc		yes 2/25/43*12/21/45 217264763	Marie Byrd	3915 Liberty	Hgts. Ave.
Ö	as dar		18. / 5-4. /   CAUSE OF DEAT	н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMPORTAN	his fa nnc en d		DISEASE OR CONDITION DIRECTLY Carcinon	no rechum	è mitastasis	Land .
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	er. ttur ar bal		heart failure, osthenio, etc. It means the disease, injury or complication which caused death.)	A CONSEQUENCE OF:		
CTOR:	E E		ANTECEDENT CAUSES			
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5	D _ D E		UNDERLYING CONDITION lost. (C)	***************************************		
ALI	medical burns; hysici n was	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL			
8	+E>Do		DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208. IF YES, WERE FINDING	S CONSIDERED
FUNER	chie Bod the ysic e th	CERTIFIC	WAS PERFORMED		20 B. IF YES, WERE FINDING IN CERTIFYING CAUSES OF	DEATH?
5	he ph for		21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, o	in or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If In Boltimore City, g	Ive exact location)
		U	DEATH (notify medical examine) etc.)			
	hospite nature; ept wh d (6) No	MEDI	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
		<	(APPROX.) While At Work Not While At Work	<u> </u>		
	pro the ny exc an		22. I certify that (I) (th <del>is hospital</del> ) attended the deceased fram		7	13 1970,
	to to for of a long all (all (be contained);		that (I) (wa) last saw the deceased alive on 8-1/-70	19and the	at in(my) (our) apinlan de	ath accurred an the date
	be a to to to to to to to to to to to to to		and haur and from the causes stated abave. (1) (We) (did) (did nat)			
	leased to ident of a hospital ( o death);		23A. SIGNATURE			ATE SIGNED
	e must b releasec accident a hospi or to dea				Staff Phys.	8-13-70.
	was related was related A. at a b prior to	-		23D. ADDRESS	1	7
	was r An a Prior		FRANK G. KUEHN M.D. DEGREE	721 MEDIC	AL HRTS I	649.
	certificate body was to ts. (1) An a D.O.A. at ased prior	244	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CRI	EMATORY 24D. LO	OCATION (City, town,	or county) (Stote)
	Dod D. D. das		Burial 8-17-70 Loudon Pk. Na	t'l. Cem.	Baltimore, Md	
	This certif the body shows: (1) was D.O./ deceased written a	25A	DATE RECO. BY HEALTH SHO DE NAME OF REGISTRARY D.	2SC. FUNERAL DIRECTOR	V.Bailey	ADDRESS
	ませる きゅう		MAN T = 1010	Kelson F.H:	1348 Calhou	n Street
		VS	50-REV. 1/1/6B			

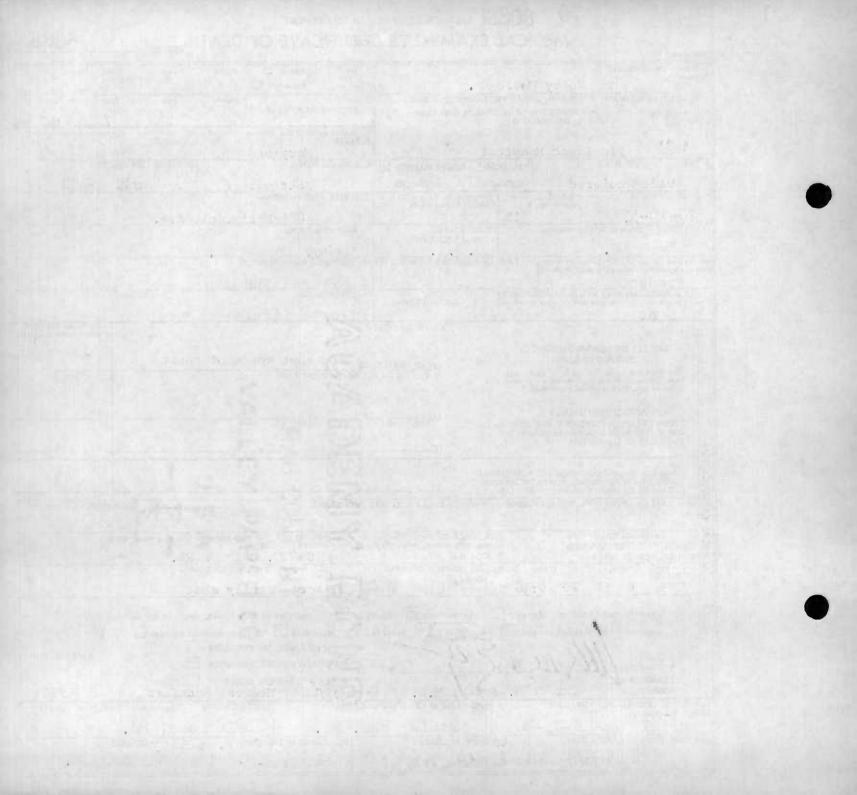


8088 BALTIMORE CITY HEALTH DEPARTMENT

## MEDICAL EXAMINER'S CERTIFIC

ATE (	OF	DEATH ,	REG. NO	10	8088

BIRTH NC.	REG. NO.
1. NAME OF DECEASED	2. DATE Known Month Doy Year Hour
(Type or Print) Bobby Moses Jr.	OF DEATH Estimoted
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Manth Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	8 10 70 9:43 pm.
	5. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)  A. STATE  B. COUNTY
Provident Hospital	Maryland B. COUNTY /5/0
6. SEX 7. RACE B. MARRIED NEVER MARRIED	
male colored WIDOWED DIVORCED 9. DATE OF BIRTH 10.AGE (In years   If Under 1 Yr. If Under 24 Hrs	DOLLETINOTE 1 110 E
lost birthdoy) Months a Days a Hours a Min	E. STREET AND NUMBER
10-16-57	4001 Springdale Ave.
11. BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF	13. FATHER'S NAME
Md WHAT COUNTRY?	Dalabar Manager
14A. USUAL OCCUPATION (Give kind al work) 14B. KIND OF BUSINESS OR INDUSTR	Bobby Moses Sr.
done during most of working lile, even il relired)	10. MOTHER 3 MAIDER HAME
student	Mildred Stroman
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknawn)((I yes, give wor ar dates af service) SECURITY NO.	18. INFORMANT ADDRESS
no	Mildred Little same
19. CAUSE OF DEA	
1 - 7 × × 17	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH (A)IMMEDIATE	CAUSE Gunshot wound of chest
(This does not mean the mode of dying, e.g., heart loilure, osthenio, etc. it means the disease,	AS A CONSEQUENCE OF:
injury or camplication which caused death.)	
***************************************	
ANTECEDENT CAUSES  (B)  DISEASES OF CONDITIONS IF ANY CHANGE	AS A CONTROLLENCE OF
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	R AS A CONSEQUENCE OF:
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST	R AS A CONSEQUENCE OF:
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST	R AS A CONSEQUENCE OF:
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST	R AS A CONSEQUENCE OF:
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST	R AS A CONSEQUENCE OF:
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DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	VAS PERFORMED 21. AUTOPSY? (Yes or No)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	VAS PERFORMED 21. AUTOPSY? (Yes or No)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	VAS PERFORMED  21. AUTOPSY? (Yes or No)  100  (in or obout 22C, WHERE DID (II in Boltimore City, give exact location) (ce bidg., etc.) INJURY OCCUR?
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  22D. DIME CAUSE WAS UNDERLYING CONTRIB. UTING CAUSE OF DEATH.  22D. TIME (Month) (Dov) (Year) (Hour) 122E.INJURY OCCURRED	VAS PERFORMED  21. AUTOPSY? (Yes or No)  100  100  110 or obout 22C, WHERE DID (II in Boltimore City, give exoct location)  110 in Jury occur?  110 in Jury occur?
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WITH CONTRIBUTING CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.  22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.  22B. PLACE OF INJURY (e.g. home, form, loctory, street, offill UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY)	VAS PERFORMED  21. AUTOPSY? (Yes or No)  10.  (in or obout 22C. WHERE DID (II in Boltimore City, give exect locotion)  1344 N. Calhoun St.  22F. HOW DID INJURY OCCUR?
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DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WORK 122B. PLACE OF INJURY (e.g. home, locitary, street, offill house 122D. TIME (Manth) (Doy) (Year) (Hour) 22E. INJURY OCCURRED OF INJURY (APPROX.) 8 10 70 9:10 pm. WORK NOT NOT AT A 1 Certify that I held an Inquiry Inspection X Au	VAS PERFORMED  21. AUTOPSY? (Yes or No)  10.  (in or obout 22C. WHERE DID (II in Boltimore City, give exect locotion)  1344 N. Calhoun St.  22F. HOW DID INJURY OCCUR?
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DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WITH DISEASE OR CONTRIBUTING CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.  22D. TIME (Manth) (Doy) (Year) (Hour) 22E.JNJURY OCCURRED OF INJURY (APPROX.) 8 10 70 9:10 pm. WORK  1 certify that I held an Inquiry Inspection X Accident X Suici	VAS PERFORMED  21. AUTOPSY? (Yes or No)  10. In or obout 22C. WHERE DID (II in Boltimore City, give exact location)  1344 N. Calhoun St.  22F. HOW DID INJURY OCCUR?  1 WHILE Accidentally shot  utopsy and that on this basis, death in my opinion  de Hamicide Undetermined monner
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WILLIAM DISEASE OR CONTRIBUTING CAUSE OF DEATH.  22A. EXTERNAL CAUSE WAS UNDERLYING CAUSE OF DEATH.  UTING CAUSE OF DEATH.  22D. TIME (Manth) (Doy) (Year) (Haur) 22E.JNJURY OCCURRED OF INJURY (APPROX.) 8 10 70 9:10 pm. WORK  1 certify that I held an Inquiry Inspection X Accident X Suici	VAS PERFORMED  21. AUTOPSY? (Yes or No)  10. In or obout 22C, WHERE DID (II in Boltimore City, give exect location)  1344 N. Calhoun St.  22F. HOW DID INJURY OCCUR?  1 WHILE ACCIDENTALLY Shot  1 work Did Independent of the basis, death in my opinion  1 CHIEF MEDICAL EXAMINER  DATE SIGNED
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DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.  22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.  UTING CAUSE OF DEATH.  OF INJURY (APPROX.) 8 10 70 9:10 pm. WORK  1 certify that I held an Inquiry Inspection Manual Cause of Contribution of C	VAS PERFORMED  21. AUTOPSY? (Yes or No)  100  100  1344 N. Calhoun St.  22F. HOW DID INJURY OCCUR?  1 WORK  22F. HOW DID INJURY OCCUR?  1 WHILE  22F. HOW DID INJURY OCCUR?  2ACCIDENTAL EXAMINER  DATE SIGNED  DATE SIGNED  ASSOCIATE MEDICAL EXAMINER
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.  DISEASE OR CONDITION 20B. CONDITION FOR WHICH OPERATION W.  22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.  UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH.  22D. TIME (Manth) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) 8 10 70 9:10 pm. WORK WHILE AT NO AT V.  23.  1 certify that I held on Inquiry Inspection X Accident X Suici ACTUAL SIGNATURE EXAMINER'S NAME (Type) Werner U. Spits, M.D.	VAS PERFORMED  21. AUTOPSY? (Yes or No)  100  100  11344 N. Calhoun St.  22F. HOW DID INJURY OCCUR?  1 WHILE Accidentally shot  1 while Calhoun St.  22F. How DID INJURY OCCUR?  1 while Calhoun St.  22F. How DID INJURY OCCUR?  1 while Calhoun St.  22F. How DID INJURY OCCUR?  1 while Calhoun St.  22F. How DID INJURY OCCUR?  1 while Calhoun St.  22F. How DID INJURY OCCUR?  1 while Calhoun St.  22F. How DID INJURY OCCUR?  22F. How DID INJURY OCCUR?  23F. How DID INJURY OCCUR?  24F. How DID INJURY OCCUR?  25F. How DID INJURY OCCUR?  26F. How DID INJURY OCCUR?  27F. How DID INJURY OCCUR?  28F. How DID INJURY OCCUR?
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WILLIAM DISEASE OR CONTRIBUTING CAUSE OF DEATH.  DO THING CAUSE OF DEATH.  22A. EXTERNAL CAUSE WAS UNDERLYING OF INJURY (e.g. home, form, loctory, street, offill the control of	VAS PERFORMED  21. AUTOPSY? (Yes or No)  100  100  100  110  110  110  110  1
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WILLIAM DISEASE OR CONTRIBUTING CAUSE OF DEATH.  DO THING CAUSE OF DEATH.  22A. EXTERNAL CAUSE WAS UNDERLYING OF INJURY (e.g. home, form, loctory, street, offill the control of	VAS PERFORMED  21. AUTOPSY? (Yes or No)  100  100  100  110  110  110  110  1
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WINDERLYING CAUSE OF DEATH.  UNDERLYING CAUSE OF DEATH.  22D. TIME (Manth) (Doy) (Year) (Hour) 22E.JNJURY OCCURRED OF INJURY (APPROX.) 8 10 70 9:10 pm. WHILE AT NO WORK AT VERY (APPROX.) 8 10 70 9:10 pm. WORK AT VERY (APPROX.) 8 10	VAS PERFORMED  21. AUTOPSY? (Yes or No)  100  100  11
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WINDERLYING CAUSE OF DEATH.  22D. TIME (Manth) (Doy) (Year) (Hour) 22E. INJURY OCCURRED OF INJURY (APPROX.) 8 10 70 9:10 pm. WORK NOT NOT NOT NOT NOT NOT NOT NOT NOT NOT	VAS PERFORMED  21. AUTOPSY? (Yes or No)  10.  10.  11. In or obout 22C. WHERE DID (II in Boltimore City, give exoct locotion)  1344 N. Calhoun St.  1344 N. Calhoun St.  122F. HOW DID INJURY OCCUR?  1 WHILE Accidentally shot  1 While Accidentally shot  1 While Accidentally shot  1 Undetermined monner City accidentally shot  1 CHIEF MEDICAL EXAMINER CITY ASSISTANT MEDICAL EXAMINER CITY Chief Medical Examiner  1 ASSOCIATE MEDICAL EXAMINER CITY Chief Medical Examiner  2 ASSOCIATE MEDICAL EXAMINER CITY CHIEF Medical Examiner  2 ASSOCIATE MEDICAL EXAMINER CITY CHIEF Medical Examiner  2 ASSOCIATE MEDICAL EXAMINER CITY CHIEF Medical Examiner  2 ASSOCIATE MEDICAL EXAMINER CITY CHIEF Medical Examiner  2 ASSOCIATE MEDICAL EXAMINER CITY CHIEF Medical Examiner  2 ASSOCIATE MEDICAL EXAMINER CITY CHIEF Medical Examiner  3 ASSOCIATE MEDICAL EXAMINER CITY CHIEF CHIEF MEDICAL EXAMINER CITY CHIEF
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WINDERLYING CAUSE OF DEATH.  DISEASE OR CONDITION GIVEN IN PART 1 (A).  22A. EXTERNAL CAUSE WAS UNDERLYING CAUSE OF DEATH.  UNDERLYING CAUSE OF DEATH.  DO OF INJURY (APPROX.) 8 10 70 9:10 pm. WORK  1 certify that I held an Inquiry Inspection ACTUAL SIGNATURE EXAMINER'S NAME (Type) Werner U. Spitz, M.D.  22A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY BUTIAL SPECIFY  BUTIAL SPECIFY  BUTIAL SPECIFY  A TOULUS M.D.  24C. NAME of CEMETERY M.D.  24C. NAME of CEMETERY M.D.  24C. NAME of CEMETERY M.D.  24C. NAME of CEMETERY M.D.  24C. NAME of CEMETERY M.D.  24C. NAME of CEMETERY M.D.  24C. NAME of CEMETERY M.D.  24C. NAME of CEMETERY M.D.  24C. NAME OF CEMETER M.D.  24C. NAME OF CEMETER M.D.  24C. NAME OF CEMETER M.D.  24C. NAME OF CEMETER M.D.  24C. NAME OF CEM	VAS PERFORMED  21. AUTOPSY? (Yes or No)  100  100  11

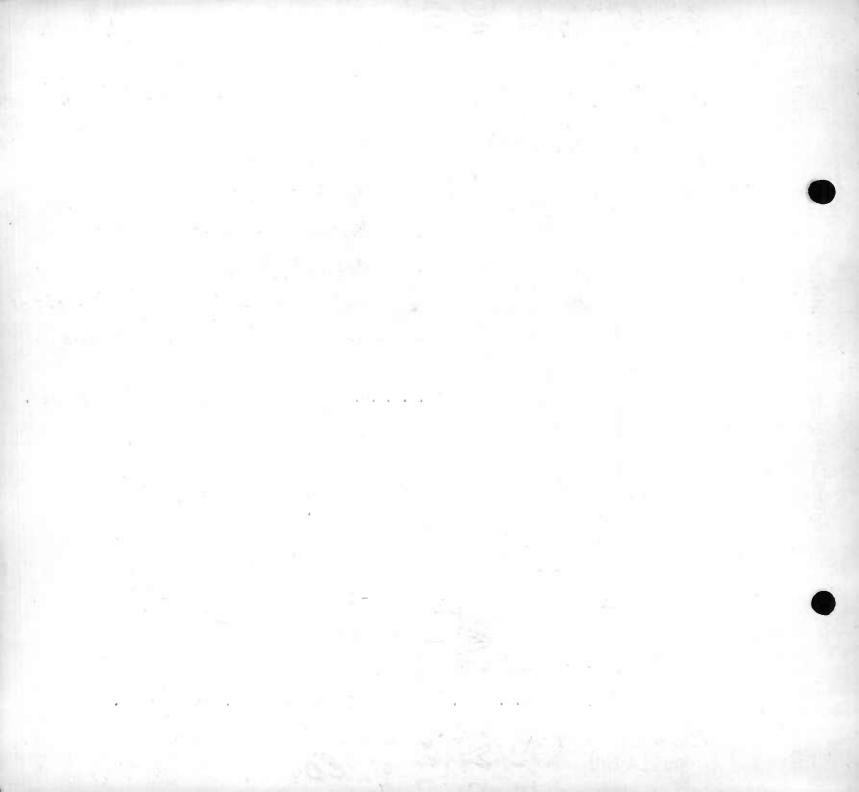


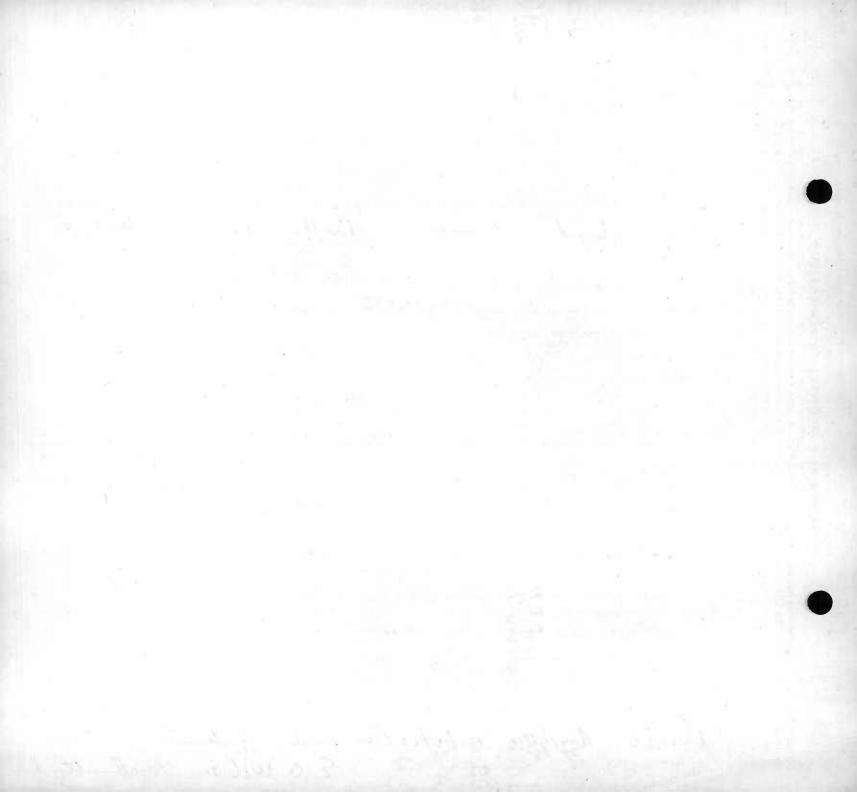
## MEDICAL EXAMINER'S CERTIFICATE OF DEATH

て- こつご	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	00					
5 5 65	1. NAME OF DECEASED (Type or Print)  James Johnson	2. DATE Known  Month Day Year Hour OF DEATH Estimated						
	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	- Pariti	М.					
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION	PRONOUNCED DEAD 8 10 70 9:21	70 9:21 P M.					
	00 1331 E. North Ave.	5. USUAL RESIDENCE (Where deceased lived. If institution; residence before admissing the state B. COUNTY 909	on)					
	6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?						
	male colored WIDOWED DIVORCED							
	9. DATE OF BIRTH 10. AGE (In years of Under 1 Yr. If Under 24 Funder 1	rs. E. STREET AND NUMBER						
	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	1331 E. North Ave.						
	WHAT COUNTRY?	13. FATHER'S NAME						
	Md. U.S.A.	harry Duvall						
	14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUS done during most of working lile, even if rettred)	TRY 15. MOTHER'S MAIDEN NAME						
	truck driver	Iva Johnson						
	(6. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL (Yes, no or unknown) (II yes, give wor or doles of service) SECURITY NO.	18. INFORMANT ADDRESS						
	no 217243196	Ann Johnson 1331 E. North Ave.						
	19. CAUSE OF D	EATH APPROXIMATE INTO						
	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND	D DEATH					
	LEADING TO DEATH (A)IMMEDIATE CAUSE Bronchopneumonia							
	(This does not meon the mode of dying, e.g., heart loilure, osthenio, etc. It meons the disease,	R AS A CONSEQUENCE OF:						
	injury or complication which coused death.)							
	ANTECEDENT CAUSES (0)	Fatty alteration of the liver						
	DISEASES OR CONDITIONS IF ANY GIVING DUE TO.	PRAS A CONSEQUENCE OF:						
	UNDERLYING CONDITION LAST.	Chronic alcoholism						
	(c)	Childric diconorism						
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  DISEASE OR CONDITION GIVEN IN PART 1 (A).	abetes mellitus						
			h1					
	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION	WAS PERFORMED 21. AUTOPSY? (Yes or yes	140)					
PLUS NIE	22A. EXTERNAL CAUSE WAS   22B, PLACE OF INJURY(e.	g., in or obout 22C. WHERE DID (II in Boltimore City, give exact location) fice bidg., etc.) INJURY OCCUR?						
A PRINCIPAL OF	UTING ☐ CAUSE OF DEATH.							
THE REST OF	OF INJURY	D 22F. HOW DID INJURY OCCUR?						
	(APPROX.) , m., WHILE AT N. A. 23.	WORK						
		Autopsy X and that on this basis, death in my opinion						
		ide Homicide Undetermined manner						
Mary See State of	11111111 50	CHIEF MEDICAL EXAMINER						
	ACTUAL SIGNATURE	ASSISTANT MEDICAL EVAMINED TO DATE SIGNE	D					
	EXAMINERS	b						
Property and	NAME (Type) Werner U. Spitz M.D.	Deputy Chief Medical Examiner 8/11/7	0					
	24A. BURIAL CREMATION, REMOVAL (Specify) 8-14-70 At Auburn							
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 120 Colors E. Salber M.D.	25C. FUNERAL DIRECTORY . Bailey ADDRESS						
		Kelson, F.H. 1348 Calhoun St.						
	/S 151-REV. 1/1/6B							

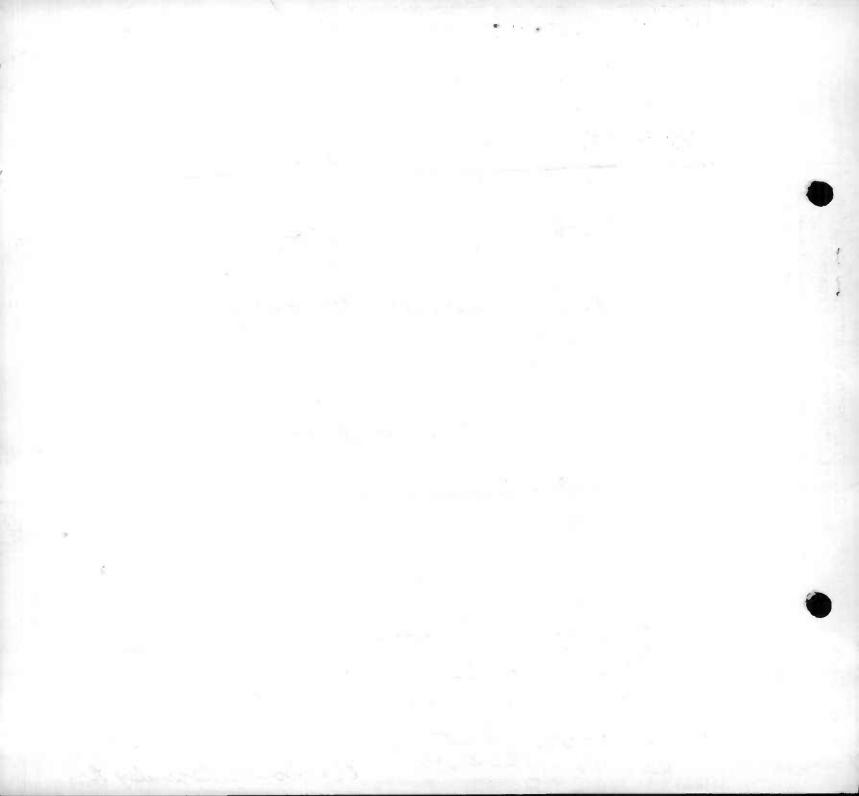
ALIGHT .E DELL Current ensurantement of the contract 

2-150	BALTIMORE CITY	HEALTH DEPARTMENT	,	7//
70 8	090 CERTIFICA	TE OF DEATH	REG. NO.	76670 8090
NAME OF DECEASED		2. DATE AND	HOUR OF DEATH	0000
Type or Print) //IAM BROOKS		8/10	140	laisopm v
3. PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE (Where		titution: residence before odmission)
		A. STATE B. COUNTY		1000 741
HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	MARYIA ND Ba		y 4009 Liberty H
NSTITUTION HARBORVIEW N	URSING C.C.	_		YES NO NO
On Mikebokarout		BALTIMORE, MAR	YIANG	1 1 1
1012135. Light	3/	11110116007	514-1-6-	4 /5/0
. SEX   6. RACE   7. AA./	ARRIED NEVER MARRIED	B. DATE OF BIRTH 9:	AGE (In years	If Under 1 Yr., If Under 24 Hrs
	= =	alistas 10	ost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
OA, USUAL OCCUPATION (Give kind of work 10B, K	OWED DIVORCED	7/12/83	87	AND CITIEN OF WILLY COUNTY
one during most of working life, even if retired)	IND OF BOSINESS OF INDUSTRI	II. BIKINFLACE (Store of foreign	л совниу)	12. CITIZEN OF WHAT COUNTR
BARHER		BOLTIMARE MAR	MANICA	US. A
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	£'	
I mulling Danilla	67.00	annual. T.	1/20	
LAWSON BROOKS  5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	CORNELIA IAY	102	ADDRESS
Yes, no or unknown) (If yes, give wor or dates of s	ervice) SECURITY NO.			
m		MRS. MAIZIEG	FRAY 2319	MCCUllAUghts:
1B. Has been 1	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRECTL	cerebro-v	ascular accident		6 weeks
LEADING TO DEATH	(A) IMMEDIATE CAU	SE		
(This does not meon the mode of dying heart failure, asthenia, etc. It means the d		CONSEQUENCE OF:		
injury or complication which coused death	.)			
ANTECEDENT CAUSES	(B) A .S.C.V.	D . A CONSEQUENCE OF:		several yrs.
DISEASES OR CONDITIONS, if ony,	33	A CONSEQUENCE OF:		
rise to the obove couse (A) statin	*			1
11	(C)	••••••		
OTHER SIGNIFICANT CONDITIONS CONTRIBU	ITING			
TO THE DEATH BUT NOT RELATED TO THE TER	MINAL	*******************	***************************************	
DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORME	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE F	INDINGS CONSIDERED
WAS PERFORME			IN CERTIFYING CAU	ISES OF DEATH?
21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(If in Boltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	home, form, foctory, street, off	ice bidg., INJURY OCCUR?		
<u>U</u>	A CALL INVITION CONTROL	2) 5 110 111 510 11111	DV Occups	
OF INJURY (Month) (Doy) (Yeor) (Hou		21F. HOW DID INJU	KI OCCOK!	
(APPROX.)	While At Not While At Work			
22. I certify that (I) (this hospital) atte	ended the deceased from 7	<b>19</b>	70.10.8-7	1970
that (I) (we) last saw the deceosed oli	9 0			ion death occurred on the do
-	•		,(m,, (out) opin	Joon occorred on the do
ond hour and fram the couses stated of	ove. (I) (did) (did not) v	lew the body offer death.		23B, DATE SIGNED
23A. SIGNATURE	1 VOC 110 AHA	nding Med. S	itaff [	
2 CHANNI	DEGREE Phys	. Director LJ P	hys.	8 <b>-19-</b> 70
23 PHYSICIAN'S NAME (Type)	2	3D. ADDRESS		
E ELISTORTH COOK M.I	0.	2431 Maryland Av	re. Raltimon	re Md. 21218
4A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CRE			y, town, or county) (Stote)
REMOVAL (Specify)	1.1.1 1	(h.f.)	111.1	mill
[min al 3-14-10	Mulles 17am	- en	unites	ADDRESS
ALIC 1 A 1070 (Lake & E.	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	4 111	ADDRESS
HUGT # 13/0 00000 C	The second of th	To Coled	20/1/20	7 /- /-/
/S 150-REV. 1/1/6B			The state of the s	



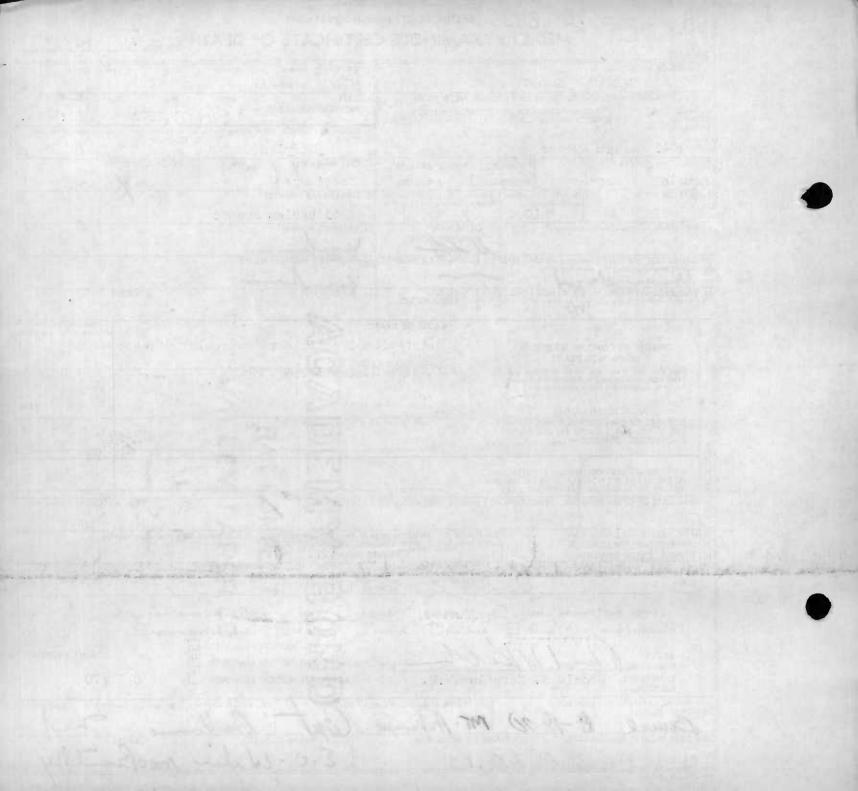


Mindles   Divorces	1100	CATE OF DEATH REG. NO. 70 8092
RITH NAME OF INSTITUTION, GIVE STREET  INSTITUTION, GAS ACCORDEGUES  INSTITUTION, GAS ACCO	Type or Print) DAVIS STANLEY	8/11/70 1845/ A.
CONTRIBUTION OR ADDRESS OR LOCATION)  CONTRIBUTION OR ADDRESS OR LOCATION)  CONTRIBUTION OR ADDRESS OR LOCATION)  CONTRIBUTION OR ADDRESS OR LOCATION)  CONTRIBUTION OR ADDRESS OR LOCATION)  CONTRIBUTION OR ADDRESS OR LOCATION)  CONTRIBUTION OR ADDRESS OR LOCATION)  CONTRIBUTION OR ADDRESS OR LOCATION)  CONTRIBUTION OR ADDRESS OR LOCATION)  CONTRIBUTION OR ADDRESS OR LOCATION OR CONTRIBUTION  CONTRIBUTION OR ADDRESS OR LOCATION OR CONTRIBUTION  CONTRIBUTION OR ADDRESS OR LOCATION OR CONTRIBUTION  CAUSE OF DEATH  CAUSE OF	FULL NAME OF UF NOT IN HOSPITAL OF INSTITUTION, GIVE STREET	A. STATE B. COUNTY
S. SEK   S. BACE   MARRIED   NEVER MARRIED   S. DATE OF BIEFN   P. ADE (a) peoil   Months   Days   Hours   A. Months   Days   Hours   Days   Hours   A. Months   Days   Hours   A. Months   Days   Hours   A. Mo	INSTITUTION ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
No. USALA OCCUPATION (GIVE bind all world) [15] NOVER CED   2 / 0 / 3 / 10   10   10   10   10   10   10   10	33	E. STREET AND NUMBER
Consideration   Consideratio	WIDOWED DIVORCED	2 /10 /3 4 loss birinday 36 Months Doys Hours Min.
Percy Davis    S. Wes Deceased Even in U. S. Armed Faces?   S. SCIAL SECURITY NO.   17. INFORMANT   ADDRESS   SECURITY NO.   18.   18.   18.   19.   1	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY
15. Wes, not or unknown) (if yes, give way of doise of service)   6. SOCIAL TYPO.   17. INFORMANT   ADDRESS   18.   18		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, co, the next follow) disease, injury or complication which caused death, and the course (A) stoling the course (A) stoling the undertakened of the course (A) stoling the course	15. Was Deceased Ever in U. S. Armed Ferces?  Yes, no er unknown  (if yes, give war or dotes of service)   16. SOCIAL   SECURITY NO.	17. INFORMANT ADDRESS
DISEASE OR CONDITION DIRECTLY  This does not meen the mode of dying, the head follow, eathering, etc. It meens find issails, injury or complication which caused defath, and the course (A) stoling the UNDERLYING CONDITIONS, if any, giving sies to the above cause (A) stoling the UNDERLYING CONDITION lost.  DISEASES OR CONDITIONS, if any, giving sies to the above cause (A) stoling the UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITION CONTRIBUTING DID THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION (SVEN) PART 1 (A).  DISEASE OR CONDITION GIVEN IN PART 1 (A).  OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION  WAS PERFORMED  NO  OR CONTRIBUTING CONDITION FOR WHICH OPERATION  NO  OR CONTRIBUTING CONDITION TOR WHICH OPERATION  NO  OR CONTRIBUTING CONDITION TOR WHICH OPERATION  NO  OR CONTRIBUTING CAUSE OF  DEATH Index company  WAS PERFORMED  PART HORSE WAS PERFORMED  WAS PERFORMED  PART HORSE WAS PERFORMED  While AI Not While AI Not While AI Was AI	18. AUSE OF DE	ATH APPROXIMATE INTERVAL
head soliute, ashenia, etc. If means the visables injury at complication which caused defails.  ANTECEDENT CAUSES  ANTECEDENT CAUSES  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, ii dry, giving tise to the dave cause (A) stating the UNDERLYING CONDITION (C) stating the UNDERLYING CONDITION (C) stating the UNDERLYING CONDITION (C) MUUTPU TRAVMA  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION FOR WHICH OPERATION  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION FOR WHICH OPERATION  IN CERTIFINO CAUSES OF DEATH?  OR CONTRIBUTING CAUSES OF DEATH?  DR CONTRIBUTING CAUSE OF DEATH?  DR CONTRIBUTING CAUSE OF DEATH?  DR CONTRIBUTING CONDITION SIVEN (E) COURSED  21A. ACCIDENT WAS UNDERLYING (House 1985 contributed to the course of DEATH?  DR CONTRIBUTING CONDITION (For MICH OF STATE)  DR CONTRIBUTING COURSE OF DEATH?  While AI Work COURSE DISTRIBUTE COURSE DISTRIBUTE OCCURRED  21A. ACCIDENT WAS UNDERLYING (House 1985 contributed the deceded from TILY (While In Boltimore City, give excel localism)  AND TILY (COURSE DISTRIBUTE COURSE DISTRIBUTE OCCURRED COURSE D	(This does not mean the mode of dying, and (A) IMMEDIATE	CAUSE? MASSIVE PULM ENFOUS TO MIN
DISEASES OR CONDITIONS, if dry, giving itse to the above cause (A) stating the UNDERLYING CONDITION lost.    Comparison of the design of the state o	injury at complication which caused death.)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).  19A-DATE OF OPERATION 19.8. CONDITION FOR WHICH OPERATION NO IN CERTIFFINO CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING AS PERFORMED  21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID  ACCONTRIBUTINO CAUSE OF DEATH?  21A. ACCIDENT WAS UNDERLYING AS PERFORMED  AS PERFORMED  21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID  ACCIDENT WAS UNDERLYING AS PERFORMED  AND WAS PERFORMED  21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID  ACCIDENT WAS UNDERLYING AS PERFORMED  AND WAS  DISEASES OR CONDITIONS, if any, giving Due to, OR	AS A CONSEQUENCE OF:	
19A-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED NO NO NO NOT CERTIFYING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING AUSE OF DEATH?  21A. ACCIDENT WAS UNDERLYING CAUSE OF DEATH?  21B. PLACE OF INJURY (e.g., in or obout) 21C. WHERE DID INJURY OCCUR?  21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURED (NIJURY OCCUR?  21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURED (Work) AI Work (APPROXI)	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
DEATH (notify medical examines)  DEATH (notify medical examination)  DEA	19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	NO 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21E. HOW DID INJURY OCCUR?  While At Work A	OR CONTRIBUTING CAUSE OF	affice bldg. INJURY OCCUR?
22. I certify that (I) (this hospital) attended the deceded from 729 19 /0 ta 19 70 that (I) (we) last saw the deceased alive an 19 70 and that in(my) (our) apinian death accurred an the deceased alive an 19 70 and that in(my) (our) apinian death accurred an the deceased alive and from the causes stated abave. (I) (We) (did) (did not) view the bady after death.  23A. SIGNATURE  23B. DATE SIGNED  Attending Med. Shoff Med. Shof	Q 21D. TIME (Month) (Doy) (Year) (Hour 21E INJURY OCCURRED	215. HOW DID INJURY OCCUR?
and haur and from the causes stated abave. (1) (We) (did) (did not) view the bady after death.  23A. SIGNATURE  23B. DATE SIGNED  Attending Med. Director Phys. Shoff Phys. Director Phys. Shoff Phys. Director Phys. Shoff Phys. Director Phys. Shoff Phys. Shoff Phys. Director Phys. Shoff Phys. Sh	22. I certify that (1) (this hospital) attended the decedsed from	7/29 19/0 to 8/11 1970
Attending Med. Stoff Soff Soff Soff Soff Soff Soff Sof	and haur and from the causes stated/abave. (1) (We) (did) (did no	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
David Lerberg, M.D. The Johns Hopkins Hospital  Plant Burial Cremation, 248. Date 24C. Name of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county)  Burial 1-15-10 Outlites Cont United The	Dail Leiberg MD more	
REMOVAL (Specify)  Pour 1-15-70 Children Conf. 24D. LOCATION (City, town, or county) IStotel Conf. City town, or county)	David Lerberg M.D.	The Johns Hopkins Hospital
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF PLANTS OF PROPERTY O	CREMATORY 24D. LOCATION (City, lown, or county) (Stole)
	AUG 14 1970 258. NAME DE PROISTRA D.	



70 9092 BALTIMORE CITY HEALTH DEPARTMENT

G-600 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 70 8093
BIRTH NC.	KEO, NO.
1. NAME OF DECEASED (Type or Print) TREACY GREGG	2. DATE Known Month Doy Yeor Hour OF Estimated
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD August 11,1970 11:50 Am.
2045 Harlem Avenue	S. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)  A. STATE  Maryland
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Female Negro WIDOWED DIVORCED	Baltimore YES NO NO
9. DATE OF BIRTH 10. AGE (In years   f Under 1 Yr. II Under 24 Hrs.   Months; Doys   Hours   Min.	E. STREET AND NUMBER
11. BIRTHPLACE (State or loreign country)  12. CITIZEN OF WHAT GOUNTRY?	2045 Harlem Avenue
MATH	Unla
4A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY	13. MOTHER'S MAIDEN NAME
6. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS
19. AL A D L. CAUSE OF DEA	TH APPROXIMATE INTERVAL
1 4 / of 1 1 1	BETWEEN ONSET AND DEATH
	osclerotic cardiovascular disease
(This does not mean the mode of dying, e.g.,  (A)IMMEDIATE C	
heart failure, osthenia, etc. It means the disease, injury or complication which coused death.)	AS A CONSEQUENCE OF:
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST. (C)	
(C)	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED 21. AUTOPSY? (Yes or No)
	no
22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB- UTING ☐ CAUSE OF DEATH.	in or obout 22C. WHERE DID (II in Boltimore City, give exect location) bldg., etc.) INJURY OCCUR?
22D. TIME (Month) (Dov) (Year) (Hour) 122E, INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.)  m. WHILE AT NOT NOT AT W	WHILE ORK
	topsy and that on this basis, death in my opinion
resulted from: Notural couses X Accident Suicid	
Accident Solicia	
ACTUAL / /////	AS SISTANT MEDICAL EXAMINER X DATE SIGNED
SIGNATURE M.D.	
EXAMINER'S Ronald N. Kornblum, M.D. NAME (Type)	ASSOCIATE MEDICAL EXAMINER   8/12/70
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY (REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, town, or county) (State)
Bunge 8-15-10 MT. Automor	Cout Balty In
25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
AUC 1 / 1070 20 00 7 0 000	(501/10-71
S 151-REV, 1/1/68	12.0. W Man 1000/20m lly
	1//



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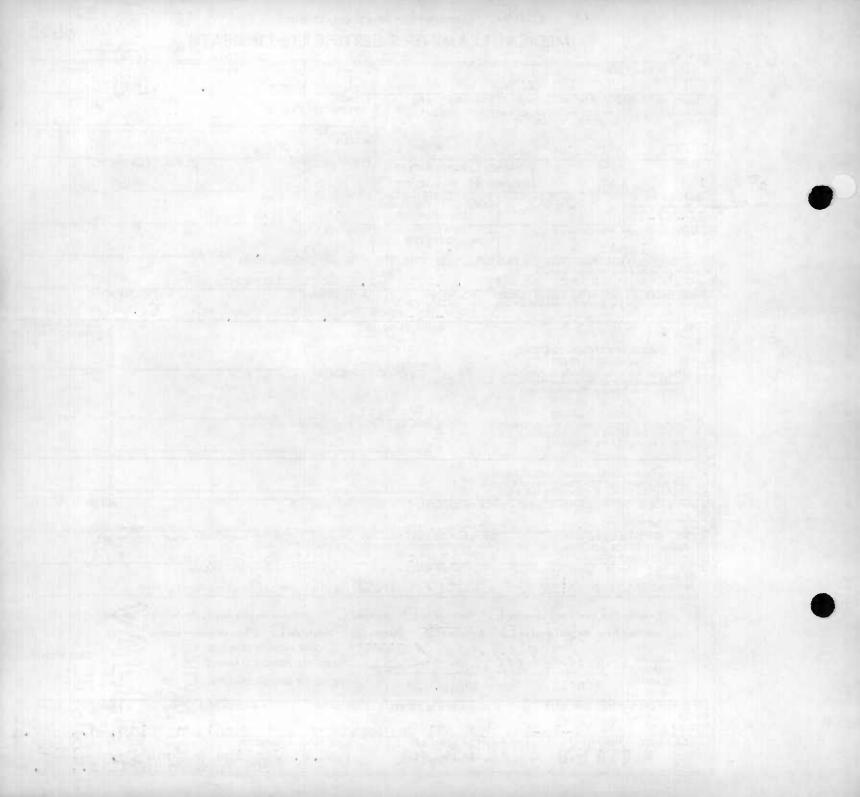
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## MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BI	RTH NO.		MILD	ICAI		AMII TEK 5	- L-	CAIL		וראוו	REG. NO.			
1.	NAME OF DEC	EASED					2. DATE	Known [		Month	Day	Yeor	Hour	
(Ty	pe or Print)	SYLVES	STER E	AKER			DEATH	Estimoted		Aug.	11.	1970		M.
4.	PLACE IN BAL	TIMORE, MA	RYLAND, W	HERE P	RONO	UNCED DEAD	3. DATE			Month	Doy	Yeor	Hour	
	LL NAME OF	(IF NO	TIN HOSPITA	LORINS	OITUTIT	N, GIVE STREET	PRONC	UNCED DEA	D	A110110	t 11,19	70	10.3	5
OF	SPITAL	ADDRE	SS OR LOCA	IION)			5. USUAL	RESIDENCE (	Where				10:3	
1	10 1	11/ 01	-				A. STATE		-114		. COUNTY	7	1721	ponton.
C		114 Che	sley A				0.0174	Maryla	nd		D. WIEIDE C	77/101752		
	SEX	7. RACE				NEVER MARRIED	C. CITY O	KIOWN			D. INSIDE C			
1	Male	Whit	_		WED	DIVORCED [		1timore			Υ	ES 🤽	NO .	
9.	DATE OF BIRTI	Н	10. AGE (Ir	yeors	Month	der 1 Yr. If Under 24 Hrs.	E. STREET	AND NUMB	ER					
	12-27-1	888		81			311	4 Ches1	ev	Avenue				
11.	BIRTHPLACE (S	tole or foreig	n country)			TIZEN OF	13. FATHE							
	Maryl	and			W	HAT COUNTRY? USA	Ch	arles	17	Bolcon				
144	USUAL OCCU	PATION (GIM	kind of work	48. KIN	D OF B	USINESS OR INDUSTR	Y 15. MOTH	ER'S MAIDEN	NAM	WE				
qor	eduring most of	vorking life, ev arpent	en if retired)			W. Knott C		etty N						
							18. INFOR		011	100a	A	DDRESS		
(Ye	WAS DECEAS	(If yes, give v	vor or dotes	of service		17. SOCIAL SECURITY NO.				37 73	. C	2		
-	No	1-1				217-01-929 CAUSE OF DEA		Lesl	1e	N Ba	ker sa	Sam.	PPROXIMATE IN	ERVAL
	1-9	561	X			CAUSE OF DEA	un						WEEN ONSET AN	
		E OR COND		CTLY		Exsangui	lnation							
		LEADING TO				(A)IMMEDIATE								
	heart follure	of meon the	. It means the	disease,		DUETO, OR	AS A CONSE	QUENCE OF:						
	injury or con	nplication whi	ch coused dec	ilh.)										
	1A	NTECEDENT	CAUSES			(A) Lacera	tions	of Wrist	S					
	DISEASES O	OR CONDITION	ONS, IF ANY	GIVING	3	DUE TO, OR	AS A CONS	QUENCE OF:						
4_	UNDERLYIN	E ABOVE CAL	ION LAST.	ING IHI		(a)								
o						(c)								
CERTIFICATION	OTHER SIGN	NIFICANT CON	II IDITIONS CO	ONTRIBU	ITING									
I 문	TO THE DEA	ATH BUT NOT	RELATED TO	THE TERM	MINAL									
E	20A. DATE OF				_	WHICH OPERATION W	AS PERFOR	MED				21. AUTO	OPSY? (Yes or	No)
l ii	(C)													
12	22A. FXTER	NAL CAUSE	MAC		1228 m	LACE OF INJURY(	In an about	22C WHERE	DID	fit to Deliterate	City sheeps	net leastless	no	
S	UNDERLYING	OR CON	TRIB-		home,	farm, loctory, street, office	e bldg., etc.)	INJURY OCC	UR?	(a in politimore	City, give ex		125	
MED	UTING CA	USE OF DEA				Bathtub		3114 C	hes	lev Ave	nue		00	
2	OF INJURY		9 • NO	) (Hou		E.INJURY OCCURRED		22F. HOW D1	ID IN.	JURY OCCU	K3			
	(APPROX.) 8-	-11-70	19:38	Α.		ORK NOT	WHILE VORK	Subject	s1	ashed v	rists			
	23.						[]							
	Cert	ify that I h	eld an I	nquiry			topsy	and that	on t	his basis,	leath in my	opinion		
	result	ted from: N	aturol cau	ses 🗌	Ac	cident Suici	de 🗵 H	lomicide			ed monner			
		1/	/	11,	11	, ,		CHIEF MEDI	CAL E	XAMINER			DATE SIGN	IED
	SIGNAT		wed	U	Un	MIL	ASS	ISTANT MEDI	CALE	XAMINER	x		DATE SIGN	IEU
1	EXAMIN		nold M	Vo	enh 1	um,M.D.		OCIATE MEDI	CALE	XAMINER		0/10/	70	
	NAME (1	Type)	Halu N	. 101	L IID T	ulli, M.D.						8/12/	70	
24	A. BURIAL CREA	MATION, 2	4B. DATE		240	NAME of CEMETERY	or CREMAT	ORY	24D.	LOCATION	(City, low	n, or county	(Stot	e)
	MOVAL (Speci	пу)	8 7 5	107	_	D Charle			4	727-	- D - 7	140 0		1.3
	Burial A. DATE REC'D	BYHEAITH	8-15-			<u>Woodlawn C</u> of registrar	eme ter	FUNERAL DI		loodla		DDRESS	O. P.	ld
1		JG 141		Rea	2	laber M.D.		H.W. J	enk	cins &	Sons	Co	21212	
-	A.	MITTI	010	-					900	York	Sons	Balt	o. Md	
VS	151-REV. 1/1/61	8	7	16	150	5	- W	12 - 12	1-7-1					1

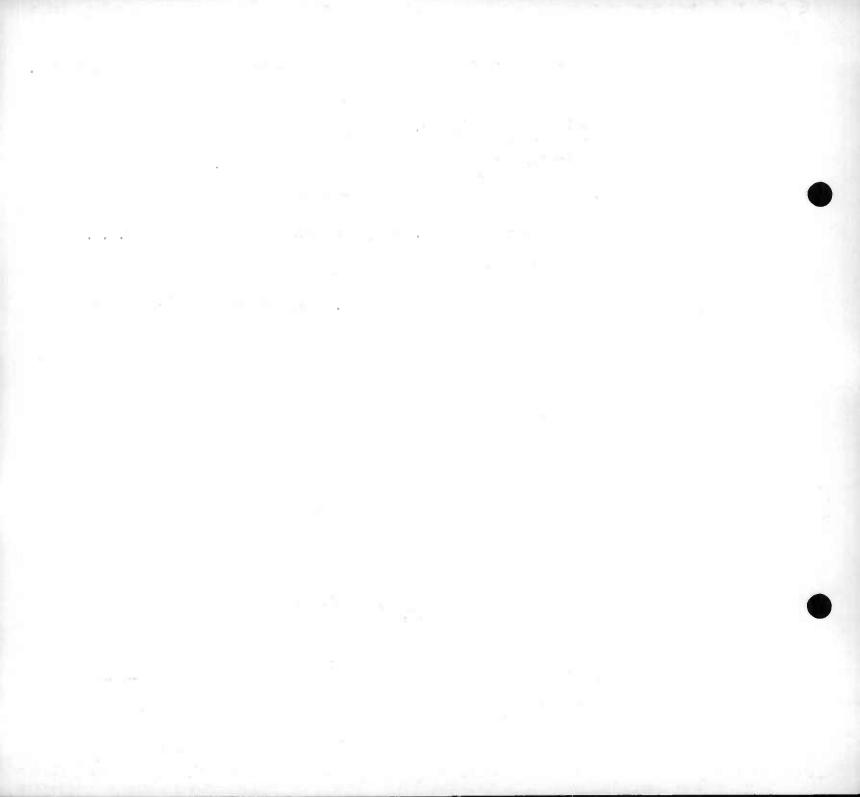


26		70	8098		Y HEALTH DEPARTMEN		70 8096
	H NO.	4.555		CERTIFICA	TE OF DEAT	H KEG. NO	
3. Pl	or Print)	Minerva Wal	lker		2. DAT	8/11/70	н 1 9:10 a
3. PI	LACE IN BALT	MORE MARYLAND, W	HERE PRONOUN	ICED DEAD	4. USUAL RESIDENCE I		
FUL! HOS INST	L NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITUT	ION, GIVE STREET	A. STATE B. C Maryland  C. CITY OR TOWN  Balti	D. IN	institution: residence belore admission
		Mercy Hospita	al, Inc.		E. STREET AND NUMBER 743 Stirl	R	YES NO
5. SE	F	s. race	WIDOWED	NEVER MARRIED DIVERCED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. II Under 24 H Months Doys Hours Min.
done	during most of we	PATION (Give kind of work prking life, even if retired)	10B, KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE (Stote or North	foreign country) Carolina	12. CITIZEN OF WHAT COUNT
13. F/	ATHER'S NAM				14. MOTHER'S MAIDEN	NAME	
	NT	7 755-71					
15. W	as Deceased E	rel Walker iver in U. S. Armed For If yes, give wor or dote	cos?	6- SOCIAL	Ella Terry		ADDRESS
		If yes, give wor or dote	s of service)	SECURITY NO.	Mary 2/	elker 723	Itecliny St.
	B. DISEASE	OR CONDITION DIS	ECTLY	CAUSE OF DEAT	H C B	0	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
ļ		EADING TO DEATH I meen the made of sthenio, etc. Il meens	dying, e.g.,	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	Renal-fo	Enfue 3 yr
1	njury or comp	sthenio, etc. It meens licotion which coused	the disease, death.)	0 0	mic Sydo	nestritis	
		NTECEDENT CAUSES		(B) Hq	A CONSEQUENCE OF:	2051c	3 year
ri	se to the	CONDITIONS, i( obove couse (A) CONDITION lost,	ony, giving sloting the	DUE TO, OR AS	A CONSEQUENCE OF:	helloton	,
-		11		(0)			
ATI	O THE DEATH	ANT CONDITIONS CONBUT NOT RELATED TO THE NOTION GIVEN IN PART	E TERMINAL	*******************			
ERTIFI	1	PPERATION 198, CONI WAS PERF		ICH OPERATION	20A. AUTOPSY? (Yes o	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
10	EATH (notify m	WAS UNDERLYING DING CAUSE OF nedicol exomines	21 B. PL home, etc.)	ACE OF INJURY (e.g., i form, fectory, street, o	n or obout 21 C. WHERE DI fice bldg., INJURY OCCUI	(If In Baltim	ore City, give exect location)
5 10	F INJURY	Month) (Doy) (Year)	(Houd) 21 E, 1N While	JURY OCCURRED		INJURY OCCUR?	
0	APPROX.)		Work	☐ At Work			1
		nat (1) (this hospital)		deceased from	July 17	19 <u>[0_10_/-</u>	tug 1/ 19/0
		st saw the decease		Tug !!		that in (my) (our) of	platon death occurred on the de
0	nd hour and f	rom the couses state	ed above. (I) (	We) (did not) v	iew the bady after dea	th.	H SWAFF
	SA. SIGNATURE	Ameun	- 12	Atte Phys	nding Med.	Shaff Phys.	23B DATE SIGNED
23	NAME (Typ	Bond	lour	Vie	23D. ADDRESS	40204	Hospital
24A.	REMOVAL (Sp	ATION, Z46, DATE	24C.NAM	E of CEMETERY of CRE	MATORY 240	LOCATION (	City, town, so county) (Stote)
25A. I	DATE REC'D B	4 1970 26	25B. NAME OF	REGISTRAR	25C. EUNERAL DIREC	TOR 1 WO	ADDRESS
	AUG 1	4 1970 Job	& E. Jab	es M.D.	Brech	J. Chekor	11297 Cauline
\$ 15	0-REV. 1/1/68						

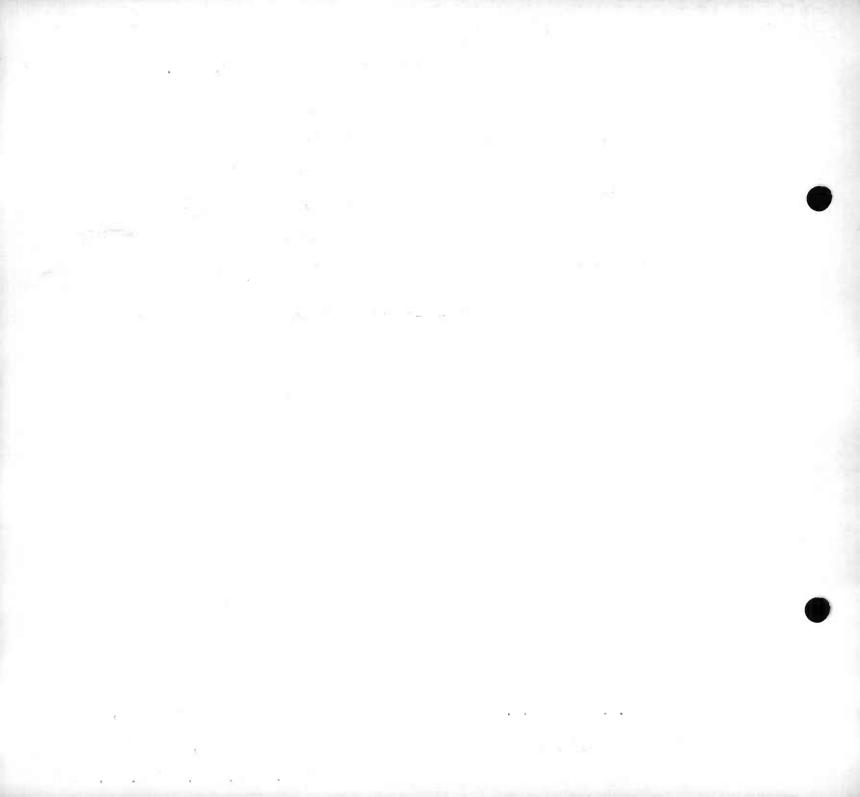
W-452

MEDICAL EXAMINER'S CERTIFICATE OF DEATH	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH
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BIRTH NC.	MED	ICAL	EXAMINER'S	CERTIF	ICATE OF	DEAT	TH REG. NO.	70	8097
. NAME OF DEC	EASED			2. DATE	Known XX	Manth	D	Year	1
Type or Print)	JAMES			OF DEATH	Estimated	Munin	Doy	rear	Hour M.
	TIMORE, MARYLAND, W			3. DATE		Month	Doy	Yeor	Haur
OSPITAL OR INSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	L OR INSTIT	UTION, GIVE STREET		DUNCED DEAD	8		70	6:20 p. M.
72					RESIDENCE (When	re deceased	ived. It institution B. COUNTY	n: residence b	efore admission)
23	Hopkins Hos	pital		I	Maryland		p. 0001111	/	001
. SEX	7. RACE	8. MARRIE	D NEVER MARRIED	C. CITY O	RTOWN		D. INSIDE C	ITY LIMITS?	
male	colored	WIDOWE	D DIVORCED		Baltimore		Y	ES 🗌	10 🗆
DATE OF BIRTI	12 lost birthdoy	57	f Under 1 Yr. If Under 24 Hrs. lonths; Doys; Hours; Min.		OO2 Centra	1 Ave.			
A BIRTHPLACE S	tate or foreign country)		WHAT COUNTRY?	13 FATHE	R'S NAME	P H	inderin	2)	
A.USUAL OCCU	PATION (Give kind of work)	48 KIND	OF BUSINESS OR INDUSTRY	15. MOTH	ER'S MAIDEN NA	ME	VIII-		
Steel	gaking life, even thretired)	Carl	(Quene)		hene	(las	dons		
es, no or unknown)	O EVER IN U.S. ARMED	FORCES?	17. SOCIAL SECURITY NO.	18 INFOR	MANT	00	A	DDRESS	N
Med I	VV IVI	-	217-07-6698	Deul	an Wood	don.	2114	E'Ca	pe II.
1410	2,41		CAUSE OF DEA	TH				BETWI	ROXIMATE INTERVAL EN ONSET AND DEATH
	E OR CONDITION DIRECT	CTLY			tic cardio	vascul	ar disea	ase	
(This does no heart foilure,	of mean the mode of dyl asthenia, etc. It means the	disease.	(A)IMMEDIATE C DUE TO, OR A		QUENCE OF:				
injury or com	plicotton which caused deo	th.)							
DISEASES C	TECEDENT CAUSES OR CONDITIONS, IF ANY,	GIVING	(8)OUE TO, OR	AS A CONS	OHENCE OF				
RISE TO THE	ABOVE CAUSE (A) STATE	ING THE		A5 A 60113E	ACTIVE OF				
Ś			(c)						
OTHER SIGN	II IFICANT CONDITIONS CO	NITHRIBITIA	IG	1/13	ATT TO THE				
DISEASE OR	ITH BUT NOT RELATED TO T CONDITION GIVEN IN PA	THE TERMIN. RT 1 (A).	AL						
20A. DATE OF	OPERATION 208. CON	DITION FO	OR WHICH OPERATION WA	S PERFOR!	AED			21. AUTOP	SY? (Yes or No)
1/								yes	
UNDERLYING	NAL CAUSE WAS  ☐ OR CONTRIB-  JSE OF DEATH.	22 ho	B.PLACE OF INJURY(e.g., me, farm, factory, street, office	in or about bldg., etc.)	22C. WHERE DID	(If in Boltimo	re City, give exo	ct location)	
	Month) (Day) (Year)	(Hour)	22E.INJURY OCCURRED		22F. HOW DID IN	JURY OCC	UR?		
(APPROX.)		m	WHILE AT NOT AT W	WHILE ORK					
23,	6. A. A. 1 L. 1.1 1	. 🗖							
	fy that I held an In ad from: Natural cous	quiry 📙		opsy X	and that an t		_	_	
163011	11/10 4 0 1	1.4	Accident Suicid	MANUT.	omicide [] CHIEF MEDICAL I		ned manner L	7	
ACTUAL	[[[[[]]]]]]	~	0,	ASS	STANT MEDICAL I				ATE SIGNED
SIGNATU	k's	X	M.D.	•	CIATE MEDICAL		n n		
NAME (T)			tz, M.D. D	eputy (	Chief Medi	cal Ex			11/70
EMOVAL (Specify	ATION, 248. DATE	70	24C. NAME of CEMETERY	OF CREMATO	RY 1 240	LOCATION	(City, town	or county)	(State)
MURIA DATE PECIDI	BY HEALTH DEPT.	10	Chemino 11,	em. 10	W. 4	Mul	101	Me	t.
* * * * *	14 1970 2		AE OF REGISTRAR	25C.	FUNERAL DIRECTO	CO L	D AI	DRESS	0 1. 11
700	100			0//	Ment.	I KICK	2/10/1/2	4111	aylings.



M-625 1		70 8099 CERTIFICATE OF DEATH REGINO	8099
W-25-00 &	Bi	RTH NO. 8099 CERTIFICATE OF DEATH REG. NO	8000
and eath ased the Such	I. (T.	NAME OF DECEASED 2. DATE AND HOUR OF DEATH	
pital of do Dece		MARILE MARCHANTI (Michon) August 12, 1970.	7:00 A.M
W 000	,	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived, Il institution: re A. STATE B. COUNTY	sidence belaro admission)
a hosi cause se; (5) andanc	H	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION)  OSPITAL OR ADDRESS OR LOCATION)  C. CITY OR TOWN  D. INSIDE CITY LIE	MITS? -/3
E 34.	0	4306 Pimlico Road Baltimore YES	№ □
· · · · · · · · · · · · · · · · · ·		E. SIRCET AND NOMBER	
curre fribut mined gular sed pu	5.	SEX   6. RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In vegrs   1) Under	
th occurred in contributing etermined can in regular attaces and is made.	- 10	Female White WIDOWED DIVORCED Oct 37 1896	1 Yr. II Under 24 Hrs. Days Hours Min.
the coo	do	ne during most or working life, even if felifed)	EN OF WHAT COUNTRY
itie S nor	-		Italy
rect (4) U wa the the	13.	FATHER'S NAME	
Art if directly (4) white wash		Philip Lanza Josephine ?	
IMPORTANT  This assistant  Also, if the dir  of any kind; (  ounced death  ittendance on  ned or final dis	1.5 <sub>e</sub> (Ye	Was Deceased Ever in U. S. Armed Farces? s,no of unknown! (II yes, give wor or dates of service)   16. SOCIAL   17. INFORMANT   SECURITY NO.	ADDRESS
assi da canada c	-	No 212-05-3398B Mr Oliver Marchanti Same	
APOF his as to, if fany nced endard d or f		DISEASE OF CONDITION DIRECTLY	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
IMP or his Also, e of connounce atten med		LEADING TO DEATH  (This does not mean the mode of dving a c. (A) IMMEDIATE CAUSE auch Pulary mode.	mylylen - 1 h
0 4 5 5 9 5	1	heart failure arthonia at It manus the discourse DUE TO, OR AS A CONSEQUENCE OF:	H
CTOR: caminer aminer. A fractur tho pron regular e embali	ii.	injury or complication which caused death.)	in here.
	1		100
REC exar 3) A 1) Wh		DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:	<del></del>
		UNDERLYING CONDITION last. (c)	
= 0 E .= 9 0	z	11 + +1 :1	
	CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	8 Jens
chief chief Can Body the p	FIC	19A-DATE OF OPERATION 19R CONDITION FOR WHICH OPERATION 20A-AUTOPSY? IYes of No. 20B. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF D	CONSIDERED
Chi chi chi chi chi chi chi chi chi chi c	SERT	21A ACCIDENT WAS INDESTINATED TO THE PROPERTY OF DESCRIPTION OF DE	
Fl ved by the hospital b nature; (2) ept where d (6) No ph	MEDICAL (	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, foctory, street, affice bldg., INJURY OCCUR?  DEATH Innelify medical examines)   21B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, foctory, street, affice bldg., INJURY OCCUR?	exoct focotion)
d b ospi	I GO	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21E, HOW DID INJURY OCCUR?	
	2	(APPROX.)  While At Not While At Work	
C こ A X E D		22. I certify that (1) (this hospital) attended the deceased from July 24 1968 to arg - 1	1970
<u>n</u> 0 0		that (1) (we) lost saw the deceosed office on and 12 1970 and that in (my) (our) opinion death	
nust be a leased to ident of hospital o death)		and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.	
eased ident hospit must		23A. SIGNATURE 23B. DATE	
F 0 0 5 5 5		DEGREE ""	3-70
was rada An at a prior		23C. PHYSICIAN'S NAME (Type)  23D. ADDRESS	
rificate y was r 1) An a 3.A. at d prior	24	A.A. Silver M.D. DEGREE 6210 Park Heights Ave Baltimore	
£\$50000	24/	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or	county) (State)
S C S D S D S D S D S D S D S D S D S D	25.0	Burial 8/17/70m Gardens Of Faith Baltimore, Maryland	
This certif the body shows: (1) was D.O.A deceased written ap	1123	A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR 25C. FUNERAL DIRECTOR  AUG 14 1970 PORT OF REGISTRAR 1 PROPERTY IN PROPER	ADDRESS
	1	AUG 14 13/0 Moral J. Ruck, Inc. Balto. N	10 • CTCTA



BALTIMORE CITY HEALTH DEPARTMENT

VS 150-REV. 1/1/6B

IMPORTANT

DIRECTOR:

FUNERAL

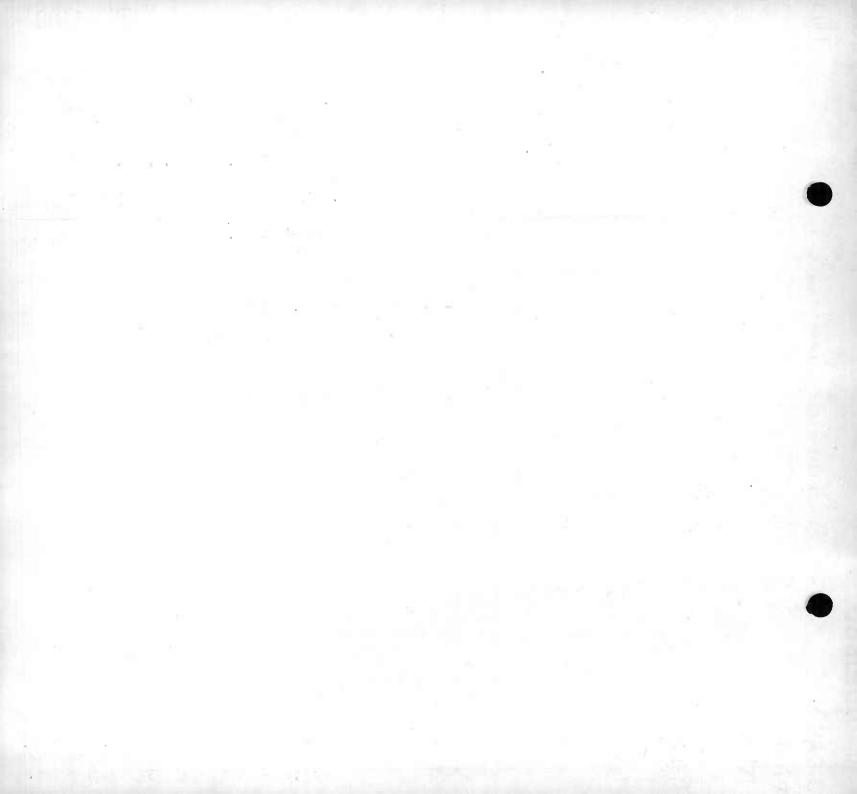
237 Patansco McCully Funeral

NO

Hours

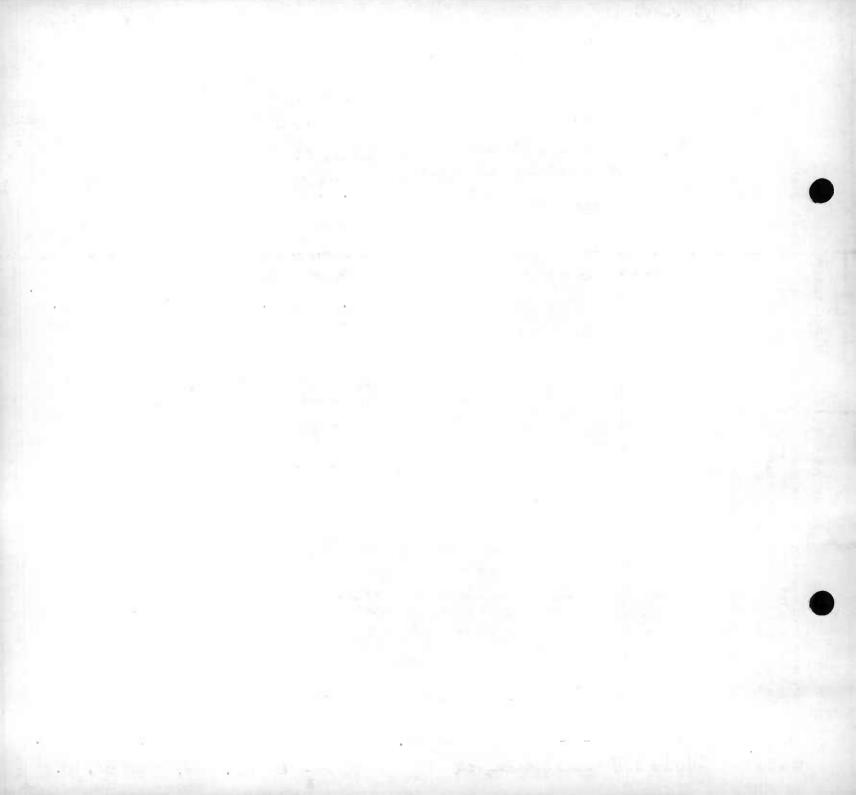
If Under 24 Hrs.

Md.



VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT Registered Na (If outside city limits, write RURAL and give township) DWINES If Under 24 Hrs. If Under 1 Yr. Months Doys 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS 11222 Reisterstown Rd. Owings Mills, Md. INTERVAL BETWEEN ONSET AND DEATH 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in (my) (our) aplnion death accurred an the date Md. Tipton-Elime Fun. Home, Hampstead, Md.



FUNERAL DIRECTOR: IMPORTANT

0 ,,			BALTIMORE CITY	HEALTH DEPARTMENT			
BIRTH NO.	0 70	840	7.	TE OF DEATH	REG. NO	70	8102
I.NAME OF DE	ECEASED			2. DATE A	ND HOUR OF DEATH	н	
	Harvey Spe			Au	igust 11,19	70	M.
3. PLACE IN BA	ALTIMORE, MARYLAND, W	HERE PRON	OUNCED DEAD	4. USUAL RESIDENCE (WH A. STATE B. COU	ere deceased lived. If	institution; residenc	e before admission)
FULL NAME O	F (IF NOT IN HOSPIT	AL OR INST	ITUTION, GIVE STREET	Maryland	Baltimore		2802
HOSPITAL OR	ADDRESS OR LOCA	ATION)		C. CITY OR TOWN		ISIDE CITY LIMITS?	
				Baltimore		YES	NO 🗌
1 53	22 Wesley Av	enue		E. STREET AND NUMBER			_
S SEX				5322 Wesley			
	6. RACE	7. MARRIEI		8. DATE OF BIRTH	9. AGE (In years last birthday) 91	Months Doys	If Under 24 Hrs. Hours Min.
Male	White	WIDOWE		7-27-1879			
one during most of	of working life, even if retired)	IND C	DE BOSINESS OK INDOSIKI	11. BIRTHPLACE (Stole of to	reign country)	12. CITIZEN O	F WHAT COUNTRY?
		Supt		Freeland, Ma	aryland	USA	
3. FATHER'S NA	AME			14. MOTHER'S MAIDEN N	AME		
Eno	ch Shave	r		Marv		?	
5. Was Decease	ed Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT	/0/= -	ADD	
NO	It less fire not of dote	o or services	216-05-9679	William S. Sha	0865 Q	ueens Fe	rry Road
18. 2/ 6	40.91		CAUSE OF DEATH	William S.Sha	Balto,	Md. 21212	OXIMATE INTERVAL
DISE	ASE OR CONDITION DI	RECTLY		01		BETWEE	N ONSET AND DEATH
	LEADING TO DEATH		(A)IMMEDIATE CAU	SE Sarlieni	thee 1/1	Rge	
	not meon the mode of a, asthenia, etc. It means		DUE TO OR AS	A CONSEQUENCE OF:			
injury ar ca	implication which caused	death.)	0/	0~ /	8-10		
	ANTECEDENT CAUSES		100 Jen	erolesed	belerio	relixes	0
	OR CONDITIONS, if			A CONSEQUENCE OF:			***************************************
	the abave cause (A)	stating th	e (c)	esemenal	eur al	Tale	
	11		(V/ssssssskassassassass	7		Access Manager	
OTHER SIGN	IFICANT CONDITIONS CO	NTRIBUTING	,				
E TO THE DEA	ATH BUT NOT RELATED TO TO CONDITION GIVEN IN PAR	HE TERMINAI					
		DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or h	IN CERTIFYING C	E FINDINGS CONS	SIDERED 17
	ENT WAS UNDERLYING	21	B. PLACE OF INJURY (e.g., in	or obout 21C. WHERE DID	(If In Boltim	ore City, give exocl	locotion
DEATH (noti	BUTING CAUSE OF	ho	ome, form, factory, street, of c.)	fice bldg., INJURY OCCUR?	γ 2	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
OF INJURY	(Month) (Doy) (Year)		E INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?		
(APPROX.)			Thile At Work Not While At Work	· 🗆	- 10		
22. I certif	y that (1) (this hospital	) attended		8	19 10 to 5	7-11	19/10
	e) last saw the decease		- 10	19 7 and 1	hat In (my) (our) of	pinian death occ	turred on the date
				lew the bady after death	•	F	on the date
23A. SIONAT			(i) (iie) (uiu) (um iie)) V	en the body after death	•	23B. DATE SIGN	NED
The	of west	001	Atte Phys	nding Med.	Staff Phys.	6.	
23C. PHYSIC	IAN'S (Type)	111		23D. ADDRESS	01-	11 1	00 -
1//	MARGO A	7/07		4509 1	epinly 1	Veedet	, the
4A. BURIAL CR	REMATION, 24B. DATE	24C.	NAME OF CEMETERY OF CRE	MATORY 24D.	LOCATION	City town or coun	(y) (Slote)
Burial	8-15-70	o w	oodlawn Ceme	tery / Ba	ltimore, Ma		
	D BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	25C. FUNERAL DIRECTO	R	AC	DDRESS
AUG1	4 1970 Paline	E. Jails	ey ACD.	Armac ost ]	Funeral Cha	apel-4600	Liberty H
C 150-PEV 1/1	1/68	<del></del>					

1-200	2	HEALTH DEPARTMENT	per sala	0103
BIRTH NO/U 810	3 CERTIFICA	TE OF DEATH	REG. NO.	0 9700
1. NAME OF DECEASED	1.	2. DATE AND	HOUR OF DEATH	1125
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOU	rey	4. USUAL RESIDENCE (Where	9/70	A M
		A. STATE B. COUNT	Υ ,	nt residence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITU	TION, GIVE STREET	Manylan		1001
INSTITUTION NON Memorial H	ospital	Baltimori	D. INSIDE CIT	
44Baltimore 18, M	, ,	E. STREET AND NUMBER	1 / 0	4
// B8. 1	C	703 W. UV	ivers, of	Kwy,
	] INC. C. C. MARKINED [	B. DATE OF BIRTH 9	AGE (In years II U ost birthdoy) Mont	nder 1 Yr. If Under 24 Hrs. hsi Doys Hours Min.
10A, USUAL OCCUPATION [Give kind of work 10B, KIND OF			79	TITLE OF WHAT COUNTY
done during most of working life, even if retired)		Marylan		CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		0 17.
############# Robert W.		44 0		
	6. SOCIAL	Mary GI	resham	ADDRESS
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	Unun Me	mount Hos	pita'l
18. / 2 41	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	arterios de	whi cardio	vascular	Cara
(This does not mean the mode of dying, e.g.,	(A) IMMEDIATE CAU	SE CMA A CONSEQUENCE OF:	Ease,	o geace.
heart toiture, asthenio, etc. 11 meons the disease, injury or complication which caused death.)	DUE 10, OR AS A	CONSEQUENCE OF:		
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, it any, giving	(B)DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the obove couse (A) stating the UNDERLYING CONDITION lost.	(c)			
11	(0)	***************************************		
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL ODISEASE OR CONDITION GIVEN IN PART 1 (A).				
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************	*****************		
19A. DATE OF OPERATION 19B. CONDITION FOR WWAS PERFORMED	HICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINDIN IN CERTIFYING CAUSES OF	GS CONSIDERED OF DEATH?
	PLACE OF INJURY (e.g., In	or obout 21 C. WHERE DID	(If in Boltimore City,	give exoct location
I < IDEATH (notify medical examined) letc.)	, form, foctory, street, of	ice bldg., INJURY OCCUR?		
O 21D. TIME (Month) (Doy) (Yearl (Hour) 21E,	NJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
(APPROX)	At Not While			
Work  22. I certify that (1) (MM háspifál) attended the	- At Work		5910 AUO	9 19 70
that (1) (**) lost sow the deceased alive on	Aucusi			eoth occurred an the dote
and hour and from the couses stoted obove. (1)			military special chiming	veconed dil lie dole
23A. SIGNATURE	A Market Co. of Anna Parket	on the budy dilet dedfits	23 B. D	ATE SIGNED
Mused of Ossman	After Phys	Med. S	hoff S	19/70
23C. PHYSICIAN'S NAME (Type)	DEDNEL	3D. ADDRESS	R. Ball	MAI
Altred G. Ossman	on M.D.	1101St lav (	of balti	more Md.
REMOVAL (Specify)	ME of CEMETERY of CRE		•	o, or county! (Stote)
	ord Cemetery		ford	Pa,
AUG 14 1970 Robert E. Jackey		25C. FUNERAL DIRECTOR Mitchell Wiede	feld war 4ron	ADDRESS Vank Rda
V\$ 150-REV. 1/1/6B			FOTO DOME 0200	TOLK Toye

· H Stal Utt. Hat sprand Line

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hospital and

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IMPORTANT

DIRECTOR:

FUNERAL

by

VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

NO

If Under 24 Hrs.

(Stote)

Md.

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the state of the s

IMPORTANT

FUNERAL DIRECTOR:

FUNERAL DIRECTOR: IMPORTANT

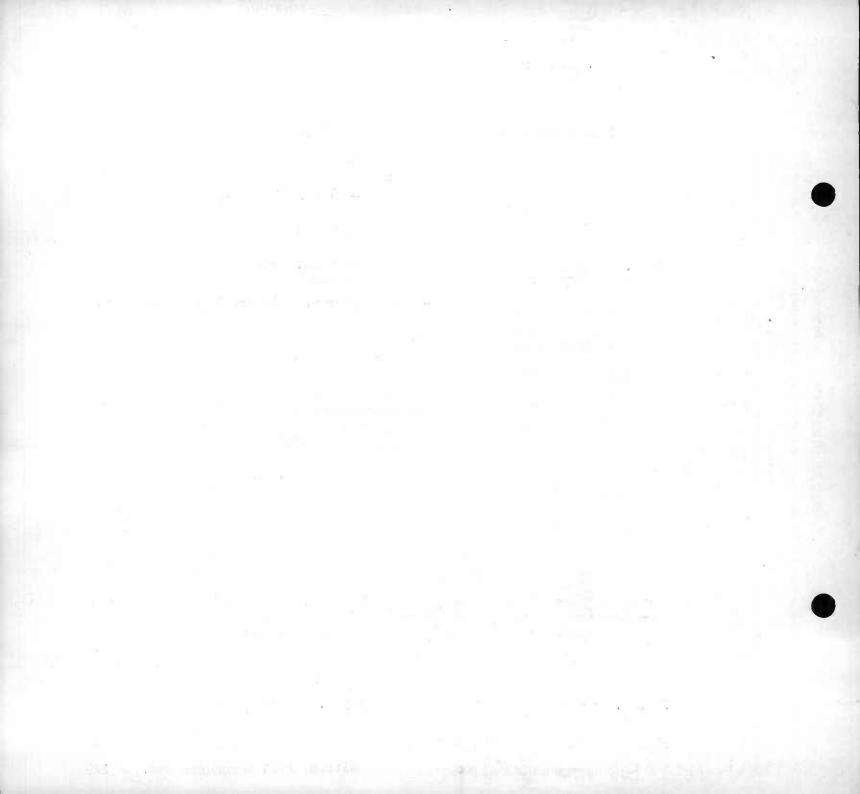
1001	BALTIMORE CI	TY HEALTH DEPARTMENT	.70 8108
J-250	CERTIFIC	ATE OF DEATH	EG. NO
NAME OF DECEASED	8106	2. DATE AND HOUR	OF DEATH
Type or Print)			
Ethel Bernice		August 1	d lived. If institution: residence before admission)
3. PLACE IN BALTIMORE, MARYLAND, WHI	ERE PRONOUNCED DEAD	A. STATE B. COUNTY	d lived. It institution; residence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL	OR INSTITUTION, GIVE STREET	Maryland	1904
HOSPITAL OR ADDRESS OR LOCATI	ON)	C. CITY OR TOWN	D. INSIDE CITY LIMITS?
		Baltimore	YES NO
1810 W. North Aver	nue	E. STREET AND NUMBER	
20		1810 W. North As	zenue
SEX 6. RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (I	n years If Under 1 Yr., If Under 24 Hrs.
	WIDOWED DIVORCED X	3/27/1927 lost birthd	
A. USUAL OCCUPATION (Give kind of work)			
one during most of working life, even if retired)			
chool Teacher	Public Schools	Maryland	USA
- FATHER'S NAME	12 W 15 T 5 T 7 T 7	14. MOTHER'S MAIDEN NAME	
Calmin Tackson		Emma Hammand	
Calvin Jackson  . Was Deceosed Ever in U. S. Armed Force:	s? 16. SOCIAL	Emma Hammond	ADDRESS
es, no or unknown) (If yes, give wor or dotes	of service) SECURITY NO.	IV. INFORMANT	ADDRESS
No	215-24-554	2 Emma Jackson 1810	W. North Avenue
18. 4 10,9	CAUSE OF DEA		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIREC	CTLY		BETWEEN ONSET AND DEATH
LEADING TO DEATH		AUSE MYOCARDIAL	INPARCITION UNKNOW
(This daes not mean the made of d		S A CONSEQUENCE OF:	
heart failure, asthenia, etc. It means the			
ANTECEDENT CAUSES		LATERY	DIE
		Lonary Artery	رقيم لاء
DISEASES OR CONDITIONS, if an rise to the above cause (A) s		AS A CONSEQUENCE OF:	
UNDERLYING CONDITION last.	(c) AR	TERIO SCIEROTIC	C-V DUS
	( ),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
OTHER SIGNIFICANT CONDITIONS CONT	PIRITING		
TO THE DEATH BUT NOT RELATED TO THE	TERMINAL		
DISEASE OR CONDITION GIVEN IN PART 1	TION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B, IF	YES, WERE FINDINGS CONSIDERED
19A. DATE OF OPERATION 198. CONDI- WAS PERFO		IN CER	YES, WERE FINDINGS CONSIDERED TIFYING CAUSES OF DEATH?
21A, ACCIDENT WAS UNDERLYING	210 BLACE OF INCLUSE	, in or obout 21C. WHERE DID	of the Bultimana City, which
OR CONTRIBUTING CAUSE OF	home, form, foctory, street,	office bldg., INJURY OCCUR?	If in Boltimore City, give exact location)
DEATH (notify medical examiner)	etc.)	13 13 13 13 13 13 13 13 13 13 13 13 13 1	
21 D. TIME (Month) (Day) (Year)	(Hour) 21E. INJURY OCCURRED	21 F. HOW DID INJURY OCC	CUR?
OF INJURY (APPROX.)	While At Not W		
(APPROX)	Work L AI Wo		
22. I certify that (1) othis haspital)	attended the deceased fram	5 1 1962	10 8 11 1970
that (1) (we) last saw the deceased	alive an	1 19 70 and that ir (my	(aur) apinian death accurred an the date
	The state of the s	Dissolution to the dead	
and haur and from the causes stated	abave. (1) (me) (ala) (ala har,	ylew the bady after death.	23 B. DATE SIGNED
25A. SIGNATORE	1+ - 04 :	ttending Med. Staff	23d. DATE SIGNED
John 1200		hys. Director Phys.	8/11/10
23C. PHYSICIAN'S NAME (Tyge)	0	23D. ADDRESS	
	MA	2600 Darle Hotel	a Arronno
John Braxton	Md. DEGR	3600 Park Heights	
REMOVAL (Specify) 248. DATE	24C. NAME of CEMETERY OF	REMATORY 24D. LOCATION	(City, town, or county) (Stote)
Burial 8/14/19	70 Mt. Auburn C	emetery Balti	more Maryland
	SBONAME OF REGISTRAR	2SC. FUNERAL DIRECTOR	ADDRESS
AUG 14 19/11 Jabane E.	Jackson M. C.	ATTEMPTED TO THE PERSON OF THE	HOME 2025 to Morent 25
		MUTTER FUNERAL	HOME 3035 W. NORTH AV
S 150-REV. 1/1/6B			

billion record orders. The first terms

THE RESIDENCE OF THE PROPERTY

All Your Vernal Co THE STATE OF STREET

(1)-35	6		BALTIMORE CITY	HEALTH DEPARTMENT		70 9107
BIRTH NO.	70 8	107	CERTIFICA	TE OF DEATH	REG. NO	10 810:
Type or Print)	Mary B. Waidner			2. DATE AN	170 -	12:15
3. PLACE IN B	ALTIMORE, MARYLAND, WHE		UNCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. If i	nstitution: residence before admis
FULL NAME OF	OF (IF NOT IN HOSPITAL ADDRESS OR LOCATION	OR INSTIT	UTION, GIVE STREET	Md C. CITY OR TOWN	4 Com	1837
00	1034 Cooks	Lane		Baltimore E. STREET AND NUMBER		YES NO
				1034 Cooks Lar	ne	
5. SEX Female	2.72	MARRIED	NEVER MARRIED Z	B. DATE OF BIRTH  X 1/29/1880	9. AGE (In years lost birthdoy)	If Under 1 Yı. If Under 24 Months Doys Hours M
done during most	OCUPATION (Give kind of work 10) of working life, even if retired)	B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COU
None				Maryland		USA
13. FATHER'S N	IAME			14. MOTHER'S MAIDEN NA	ME	
Charles	W. Waidner			Sarah J. Frew		
5. Wos Deceos	sed Ever in U. S. Armed Forces	f service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
no	year give wer or doles o		217-07-5544A	Ester M. Waidne	er, 1034 Co	oks Lane, 21229
18.	1211		CAUSE OF DEAT			APPROXIMATE INTER
(This does	ASE OR CONDITION DIRECT LEADING TO DEATH s not meon the mode of dy re, asthenia, etc. It meons the	ring, e.g., e diseose,	(A) IMMEDIATE CA	Sulmonory e SE A CONSEQUENCE OF:	dema	15 mins
injury or c	omplication which caused de ANTECEDENT CAUSES	alh.)	(a) Trugo	cardal dis	iose	7
rise lo	OR CONDITIONS, if ony the above couse (A) structure NG CONDITION lost.		DUE TO, TOR AS	A CONSEQUENCE OF:	. 4	3
UNDERLII	NG CONDITION loss,		(C)	Land Marit Valley		
E TO THE DE	II  NIFICANT CONDITIONS CONTI EATH BUT NOT RELATED TO THE R CONDITION GIVEN IN PART 1	TERMINAL	Firstone	hip one	month a	Ja / Month
	OF OPERATION 198. CONDIT	ON FOR	WHICH OPERATION	20A AUTOPSY? (Yes of No	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTR	DENT WAS UNDERLYING DIBUTING CAUSE OF tify medical examiner	21B hom etc.	e, form, foctory, street, o	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltimo	re City, give exoct locotian)
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor) (		INJURY OCCURRED  ile At Not Whi rk At Work	21F. HOW DID IN.	exect froe;	tune (octeo por
22, 1 certi	ify that (1) (this haspital) o	ttended t		July 15	19 70 to	aug 15 197
	last sow the deceased		Quiguest (			inion death accurred an the
	and fram the causes stated		1 1			V
23A. SIGNA	and the second s		(did fidi)	The body direct bodills		238. DATE SIGNED
1	Ich of	10.		ending Med.	Staff	8/15/78
23C. PHYSIC	CIAN'S	- ku	DEGREE	23D. ADDRESS	Phys.	0/12/10
70 7				303 N Pollina	Road	
24A. BURIAL C	D. C. MacLaughli REMATION, 248. DATE		DEGREE AME of CEMETERY OF CR	303 N. Rolling		City, town, or county) (Si
Buris		Mc	ount Olivet	Josef Shares	Baltimore	Maryland
ALIC 1		B. NAME O	•	witzke, 4101		ADDRESS TO 21229
VS 150-05V 1	1/68	weren'		بالمارية	-anonason A	vo.,



IMPORTANT

FUNERAL DIRECTOR:

150-REV. 1/1/68

MD BAHINORE 400 Colleen Rd

USA

Housewife

KEANDER MEAD

NY SARAh Avery CAtherine H. Smith 400 Colleen Rd

Burial

8/17/70

South Splem

South SHlem

W.Tz.ke., 1630 Edmondson A.e., 21228

V\$ 150-REV. 1/1/68

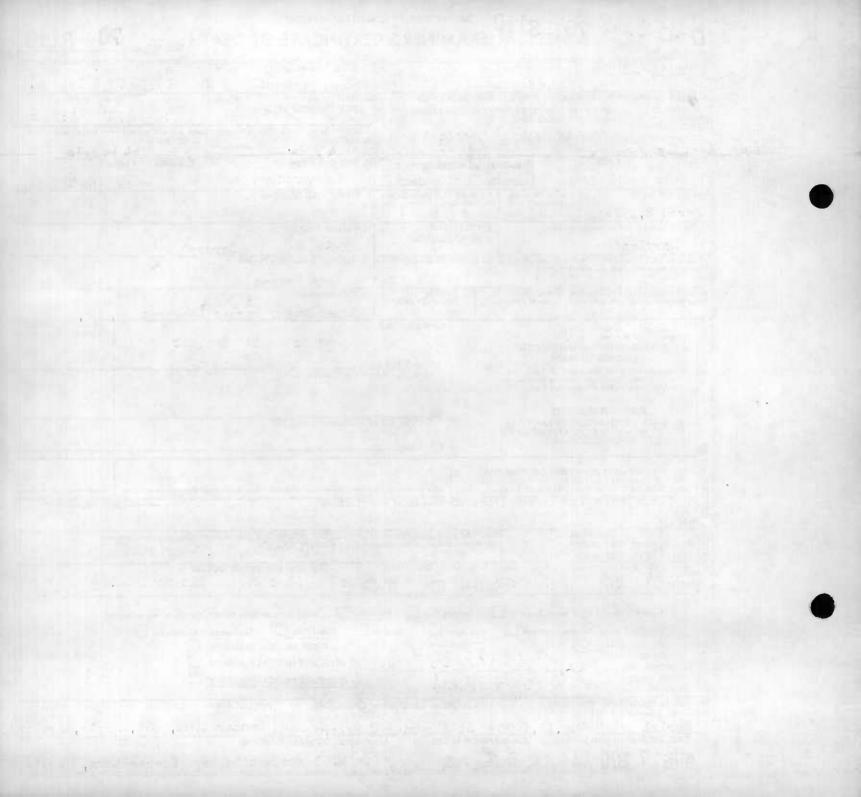
Witzke, 1630 Edmondson Ave., 21228

» 4 (

W. Clarke Mattingley Leonardtown, Maryland

Robert & Jaben MD

VS 151-REV. 1/1/68



BALTIMORE CITY	Y HEALTH DEPARTMENT
DIKIT NO.	TE OF DEATH REG. NO. 70 8111
I.NAME OF DECEASED (Type of Print) GRANICA A SAME OF	2. DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	A. STATE B. COUNTY  M.D. BOLT, MORE CITY, 602  C. CITY OR TOWN  D. INSIDE CITY MMTS?
Johns Hopkins HospitaL	Baltimak YES NO
33	E. STREET AND NUMBER 406 N. PORT STREET
5. SEX 6. RACE 7. MARRIED NEVER MARRIED DIVORCES	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 His. Months! Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY	
done during most of working life, even if retired)  HOUS = WIFE	
House Wife Home	West Virginia U.S. A.
Benjamin HUFF	ADA Milles
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dotes of service)  16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
No -	Mr. Gobert G. Spitler - 806 Crosby Rel.
DISEASE OR CONDITION DIRECTLY	H APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	USE A Thereschoolic heart disease 10 yrs
(This does not meon the mode of dying, e.g., heart foilure, asthenia, etc. 11 means the disease, injury or camplication which caused death.)	A CONSEQUENCE OF:
ANTECEDENT CAUSES	extension 22 gro
rise to the share source (A) station the	
UNDERLYING CONDITION lost. (C) ULa	betes Mellitus
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	Rehnal Vascular Accident Follows
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  121B. PLACE OF INJURY (C.C.)	20A. AUTOPN? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	
DEATH (notify medical examiner)  21D.TIME (Month) (Doy) (Year) (Hour)  OF INJURY (APPROX.)  OF INJURY (APPROX.)	21F. HOW DID INJURY OCCUR?
Work C AT Work	
0/	19 70 to 8/15 19 70
and hour and from the causes stated above. (We) (did)	19ond that in (my) (our) apinton death accurred on the date
23A. SIGNATURE	238, DATE, SIGNED
Then Bruker Morgan Ath	anding Med. Staff N
NAME 14pel	23D. ADDRESS
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRI	JOHNS HOPKINS HOSPITAL
BURIAL 8/19/70 SMOKETOWN (	EMETERY BERKLEY Q., W. VIRGINIA.
25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
AUG 1 7 1970 Vales & Jarbey M. D.	Martly Miller - 2334 Jefferson 80



	3 265			BALTIMORE CITY	HEALTH DE	PARTMENT		70	8112
-	IRTH NO.	70	8112	CERTIFICA	TE OF	DEATH	REG. NO.	70	STIC
	ype or Print)	III m Ac	- D C 7	RAVINO	Sie.	2. DATE ANI	D HOUR OF DEATH		.0124
3.	PLACE IN BALTIMOR	E MARYLAND, W	HERE PRONOUNCE	100	/	ESIDENCE (Whee	deceased liked 11 in	70   stitution; reside	10:35 Pm.
					A. STATE	B. COUNT	deceosed lived. II in	sillollon, lesiqe	/ / /
	ULL NAME OF (I IOSPITAL OR A NSTITUTION	F NOT IN HOSPIT	AL OR INSTITUTION	ON, GIVE STREET	C CITY OD	arylan	4		602
	ASITUTION		0.	100	C. CITY OR 1	Rals	D. INSI	YES T	NO []
4	Mary ar	of alme	10 Ho	spital	E. STREET A	ND NUMBER	mou	123 190	NO .
1	of the grant	7,,,,	110	grade	1251	1. Lakour	and ava		
5,	SEX 6. RA	CE	7. MARRIED	NEVER MARRIED	8. DATE OF	BIRTH 9	AGE (in years	If Under 1 Months! Doy	fr. If Under 24 Hrs.
	Jot	W	WIDOWED	DIVORCED	12/8	//9/2	57		
do	A. USUAL OCCUPATIOns during most of working	life, even if refired)	IOE, KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLA	CE (Stote or foreig	n country)	12. CITIZEN	OF WHAT COUNTRY?
1	yixing he	lper	Steel	company	-		New York	1 4	L.S. A
1.3	FATHER'S NAME	+ 5	1		14. MOTHER	'S MAIDEN HAN	IE .	,	•
16	Vin		fravin		/	Mary	Binns	So	
N.	Wos Deceosed Ever In	, give war or dote:	s of service)	SOCIAL SECURITY NO.	17. INFORMA	1	-1 2 1	25 N. L	akewood aws
-	Bes	W.W.	11- 10	18-07-6524	Mr. E	durid D.	Stebor 1	autin	wie
10	DISEASE OR	CONDITION DIR	ECTIV	CAUSE OF DEAT	Н		•		PROXIMATE INTERVAL
i	LEADI	NG TO DEATH		AND MEDIATE CALL	er	Mone			2 months
	(This does not me heart failure, asthen	ia, elc. It means	the disease.	DUE TO, OR AS		NCE OF:	<i>2</i> C		) moneio
	injury or complication	on which coused	deoth.)	0	10	1/	0		1
	DISEASES OR CO	EDENT CAUSES		(B) OUE TO, OR AS	uno	110 0/	wer	u	nknown
	rise to the obo	ve cause (A)	slating the	DOE 10, OR AS	A CONSEQUE	INCE OF:			
	UNDERLYING CON	IDITION lost,		(c)					***************************************
Z	OTHER SIGNIFICANT	II CONDITIONS COI	NTRIBUTING						
ATI	TO THE DEATH BUT I	NOT RELATED TO TH ON GIVEN IN PART	E TERMINAL	***************************************			***************************************		
CERTIFICATION	19A-DATE OF OPERA	TION 198 CON	OTTON FOR WHI	CH OPERATION	20A. AUTO	OPSY? (Yes or No)	208. IF YES, WERE F	INDINGS COL	N SIDERED
	2) A. ACCIDENT WA	S UNDERLYING	21 R PL A	CE OF INJURY (e.g., Ir	as about 21 C	US,			170
정	21A. ACCIDENT WA OR CONTRIBUTING [ DEATH (notify medical	CAUSE OF	home, f	orm, factory, street, of	ice bldg., INJ	URY OCCUR?	(If In Boltimore	City, give exc	oci locotion)
EDIC		h) (Day) (Year)		URY OCCURRED	21 F.	HOW DID INJU	BY OCCUP		
×	OF INJURY (APPROX.)	33	White A	Not While		THO W DID INGO	RI OCCOR		
	22. I certify that (	(this bosnies)	Work	LJ At Work	uly	1 (5)	70 19	0 12	. 2 -
	that (i) (we) lost s			aug 12	19 7		70 to (L	/	curred on the date
				(did not) v			intiny/ (doi/ opin	ion death de	corred on the date
	23A. SIGNATURE	2		, (210) (312 1101)	TOW THE DOLL	oller deom.		238, DATE SIG	SNED
	K	· Jan/Co	moon	DEGREE Phys	nding	Med. S	toff hys. 🔯	ang	12 1920
	23C. PHYSICIAN'S NAME (Type)			DEGREE 2	3D. ADDRESS		1	0	
L	23C. PHYSICIAN'S NAME (Type)	e120 /sul	camoto	M.D DEGREE	M	ary and	General	Hospi	'tal
24	A. BURIAL CREMATIO REMOVAL (Specify)	N. 248. DATE		of CEMETERY OF CRE		24D. LO		town, or cou	(Stote)
	BURIAL	8-17-7	4	CTO. NATIO,		Em.	SALTO, 11	Mo.	
25	ALIC 1 7 107			EGISTRAR	25C. FUN	ERAL DIRECTOR	n 20.	211 0"	ODRESS &
I Ve	150-PEV. 1/1/48	n negation c	valley A	bea. 1	1/6	Mey. The	eller - 23:	y fet	Just 181



DIRECTOR:

FUNERAL



1	2 000				BALTIMO	RE CITY	HEALTH D	EPARTMENT			170	044	4
Bu	RTH NO.		70	811	4 CERTI	FICA	TE OF	DEATH	1	REG. NO.	/U	8114	1
	NAME OF DEC	EASED								JR OF DEATH	_	.81	P-M-
3.	PLACE IN BAL	MARY	RYLAND, W	HAOKE HERE PRONO	UNCED DEAD		4. USUAL	RESIDENCE (V	10 Aug	gust 197	O stitution:	esidence before	PM M.
1	JLL NAME OF OSPITAL OR ISTITUTION			AL OR INSTIT	UTION, GIVE STR	EET	Md.	B, CC	YTNUC			90	
1	ZILIOHOM		Contral	es-ariı	Tm .		C. CITY OR		21218	D. INS	IDE CITY L	imirs? No F	7
2	40	douta	OOHVAL	CD-CIT C	*II		E. STREET	North H		d.	11342	NOL	
5.	SEX	6. RACE		7. MARRIED	NEVER MARR	IED 🗌	8. DATE OF		9. AGE	(In yeors	II Unde	Doys Hours	nder 24 Hrs.
	Female	Caucas		WIDOWED		ED 🗌		e 1884	lasi bir			20/3	
dor	housewi	working life, ev	e kind of work ren il relired)	108 KIND OF	BUSINESS OR IN	DUSTRY	Md.	A CE (State or	foreign cour	ntry)		J.S.A.	COUNTRY?
13.	FATHER'S NA	ME					14. MOTHE	'S MAIDEN	NAME				
		s R. Si						Anna K.	Weit:	zel			
15. (Yo	Was Decoased s, no or unknown	Ever in U. S. (If yos, give	wor or dote:	es? of service)	2 SECURIAL NO	<b>N</b> /E	17. INFORM					ADDRESS	
	no				213-05-2	696 I	,	. Schaa	ke, 9	47 North	Hill	. Rd. 21	218
	18. 4 DISEAS	SE OR CONI	DITION DIR	ECTLY	CAUSE OF	DEATH	D	,				APPROXIMATE	
	(This does n	LEADING T	mode of	dying, e.g.,	(A) IMMEDI DUE TO		CONSEQUE	WCLLO NCE OF:	-pn	lumor	ua	3 de	eys
	injury or com	iplicalian wh	ich caused	deoth.)		1-					_	2	
		ANTECEDEN			(8) $Q$	rlei	inal	erolec	14e	ut de	easo	7,	
	DISEASES C	above c	guse (A)	ny, giving stating the	DUE TO	OR AS	A CONSEQU	ENCE OF:			Ĭ	7	
	UNDERLYING	CONDITIO	N last.		(c)	AU !	perlex	ision				*	
CERTIFICATION	OTHER SIGNIF TO THE DEAT DISEASE OR C	H BUT NOT RE	ITIONS CON	E TERMINAL	1/4	lea	lod f	ulrus	nau	TE	3 -	5-41	s?,
ERTIFIC	0		WAS PERFO	ORMED	VHICH OPERATION	N	20 A. AUT	OPSY? (Yes or	No) 20BU	F YES, WERE FERTIFYING CAL	FINDINGS USES OF I	CONSIDERED DEATH?	
CAL	21A. ACCIDEN OR CONTRIBU DEATH (notify	TING CAU	DERLYING DISE OF	21B, hom- etc.)	PLACE OF INJUR e, form, fociory, s	ty (e.g., in treet, off	or obout 210 ice bldg. INJ	WHERE DID		(If In Boltimore	e City, give	e exoct locotion	)
MED	21D. TIME OF INJURY (APPROX)	(Monih) (D	oy) (Yeoi)		INJURY OCCUR	tED lot While		HOW DID	O YRULMI	CUR?			
	22. I certify	that (I) (shi	s hospital)		e deceased fra		3/	26	10 60	to al	CE,	10	10 70
	that (I) (we)				auce		19			ny) ( <del>day)</del> opli		h accurred o	n the date
	and hour and	from the co	auses state	d abave. (I)	(Me) (q1q) (q4)	-net) vi	ew the bad	y after deat	h.		0.4		2.50
	23A. SIGNATU	7	·KO	in of	25.	Atten	ding t	Med.	Staff	7	23B, DAT	E SIGNED	170
	23C. PHYSICIA NAME (T)	N'S	160	MULG	S / N POEGI	Phys.	3D. ADDRESS	Director L	Phys. L	-	(	)//-/	
			F. K1	imes MD	)	DEGREE	4814	Bowleys	La.	21206			
24A	REMOVAL (S	MATION, 24E	B. DATE		ME of CEMETERY	or CRE	MATORY		LOCATIO		y, town, o	r countyl	(Stole)
	burial		8/14/7		timore Ce	meter	ry	В	altimo	ore, Md.			
25A	AUG 17	ADDRES!		Jaben	F REGISTRAR			eral direct		Home, Ba	ltimo	ADDRESS re, Md.	21206
VS	150-REV. 1/1/6	. 8			1								



CTOR:

DIRE



NO [

ADDRESS

ounty

ADDRESS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

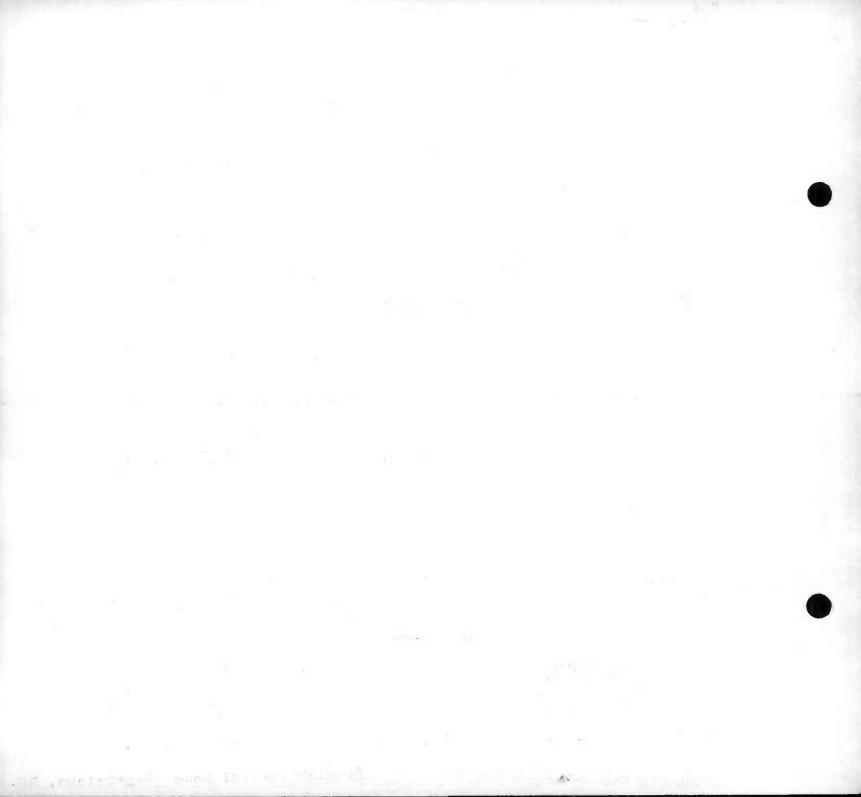
If Under 24 Hrs.

IMPORTANT DIRECTOR: FUNERAL

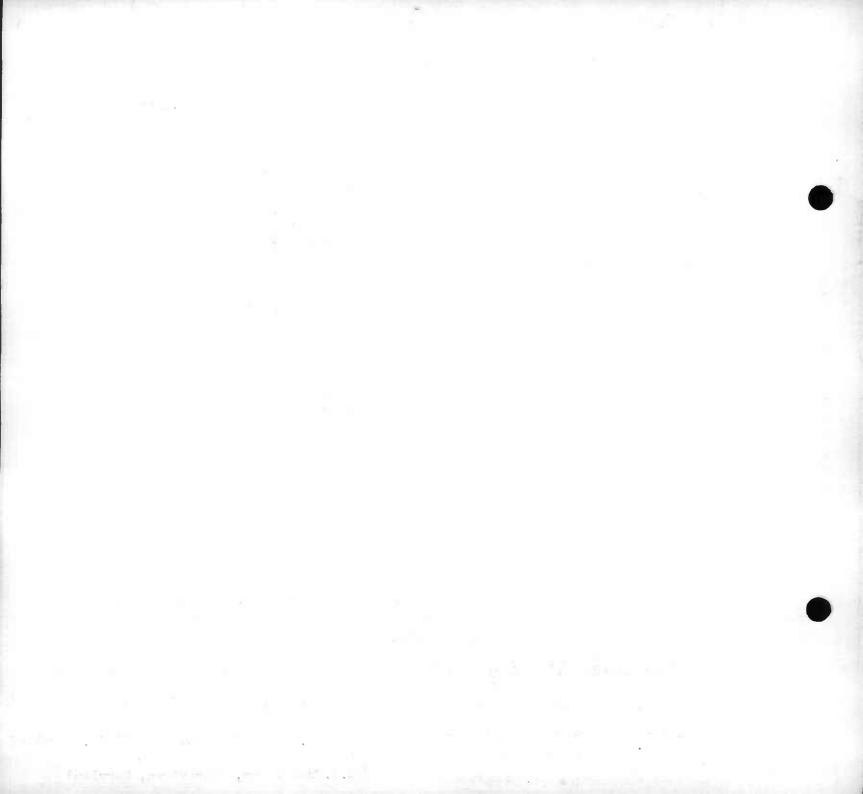
MARKETT EL in it here erol the spiral continue and how in person 2.5 1 seas years 6 33 14 831 James Found Haut Street William Towned Towned Towned Towned Towned BATTER ENTER HE ME . I all along A Thomas I A. D. UNION HEMICELA? WISH "

DIRECTOR:

FUNERAL



	and ath sed the uch	BIRTH NO. BATAGE & TO 8118 CERTIFICATE OF DEATH REG. NO. 70 8118
	O D W	1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH
	Pood .	11nEhart Frank 7 Pm. 18.12.1970
	10 - 0 -	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Whore deceased lived. Il institution: residence before admission. A. STATE B. COUNTY
		FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET MANIAN 2/725 Carroll C. CITY OR FOWN D. INSIDE CITY LIMITS?
	c 32.	DETOUR YES NO NO
		University of Md. Hosp. Box 71
	contribut contribut etermined n regular sceased pr	5. SEX  6. RACE  7. MARRIED NEVER MARRIED  8. DATE OF BIRTH  9. AGE (in yeors   Il Under 1 Yt., If Under 24 Hr Months! Days ! Hours : Min.
	occu ontri ermi regu easec is ma	Male Cauc, WIDOWED DIVORCED 1-2-69 1088 BIRDOY 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTY
	if death rect or c (4) Under was in the dece	done during most of working life, even il retired)
	de Cas	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
F		Francis Rinehart Patricia Miller
IMPORTAN	the the kind deat	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give well or dotes of service)  16. SOCIAL SECURITY NO.  17. INFORMANT  P+'s Chart
Ö	- 0 0	18. 4 APPROXIMATE INTERVAL
X	of of of un	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
		(This does not meon the made of dying, e.g., hoort failure, asthenio, etc. It means the disease,
CTOR:	iner. actu pro ular mba	injury ar complication which caused death.)
C	Xami Kami A fr who reg	DISEASES OR CONDITIONS, if any, giving  (B)  DUE TO, OR AS A CONSEQUENCE OF:
DIRE	0 6 6 E	nise to the abave cause (A) stoling the UNDERLYING CONDITION lost. (C)
AL	medinediple burn burn burn burn burn burn warn warn warn warn warn warn warn wa	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OISEASE OR CONDITION GIVEN IN PART 1 (A).
UNER	Body Phe Ysici	19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION 20A-AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
I	by the pital by rec; (2) where d before	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg. NJURY OCCUR?
	905 00	21D-TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not Work
		TO THOSE
	9 0 0	22. I certify that (I) (this hospital) attended the deceased fram Noon, 8 12 1970 ta 7 pm. (12 1970 that (I) (we) last saw the deceased alive on 8 12. 1970 and that in(my) (ow) apinian death accurred an the da
	971 6 4 4	and haur and from the causes stated obove. (1) (1) (did) (did) view the body after death.
		23A. SIGNATURE 23B. DATE SIGNED
	E O U B + B	Cizabeth W. K. M. M. Attending Med. Stoff Director Phys. Director Phys. 8.12.1970.
	certificate body was r vs: (1) An a D.O.A. at t ased prior	23C. PHYSICIAN'S NAME (Typo)  Elizabeth M. RUFF DEGREE University of Maryland Hosp., Baltino
	L- U 0 -	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stole)
	This certifue body shows: (1) was D.O. deceased written a	Burial 8/16/70 Middleburg Methodist Cem. Middleburg, Carroll 60. Maryla
	This certhe bocs shows: was D. deceas	ANGITUM Research by Health Dept. 258, NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS C.O. Fuss & Son, Taneytown, Maryland
		VS 150-REV. 1/1/68



VS 150-REV. 1/1/6B

Wm. Cook-Brooks Towson, Inc.

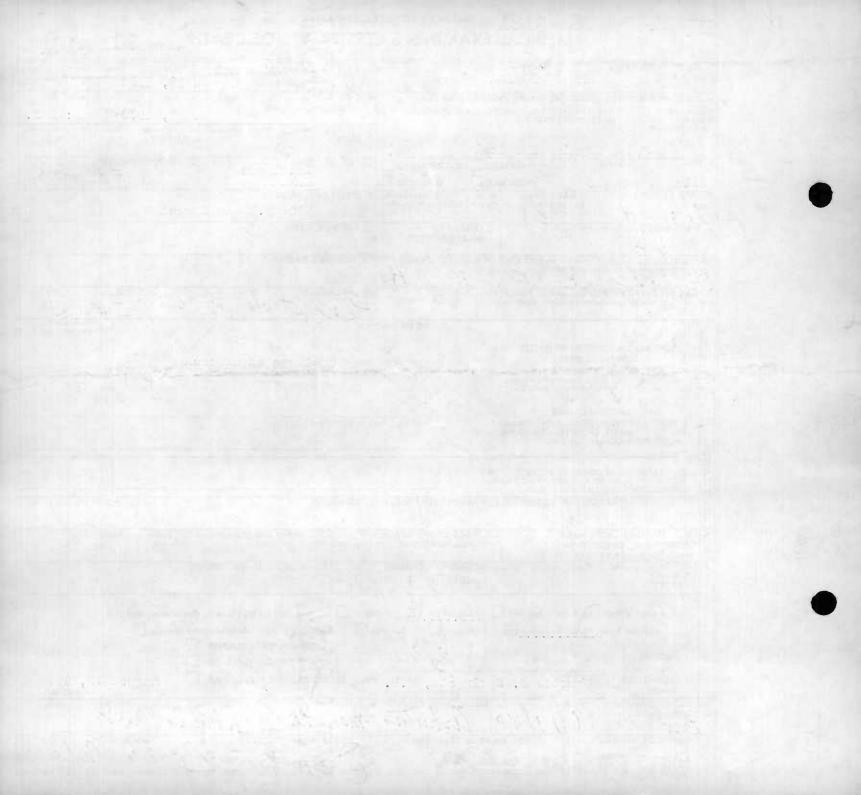
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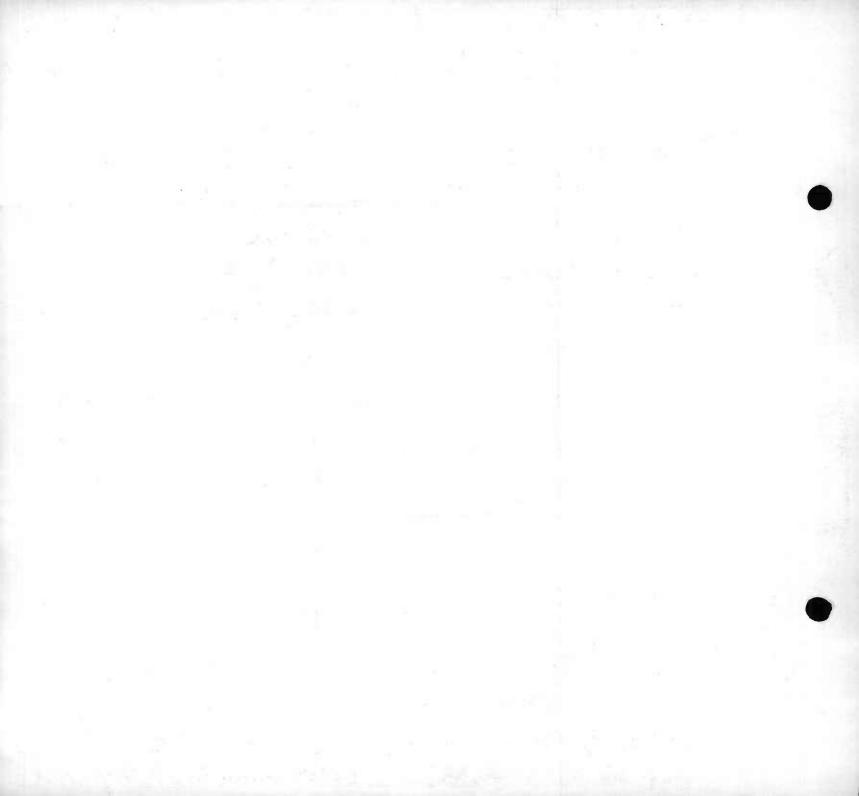
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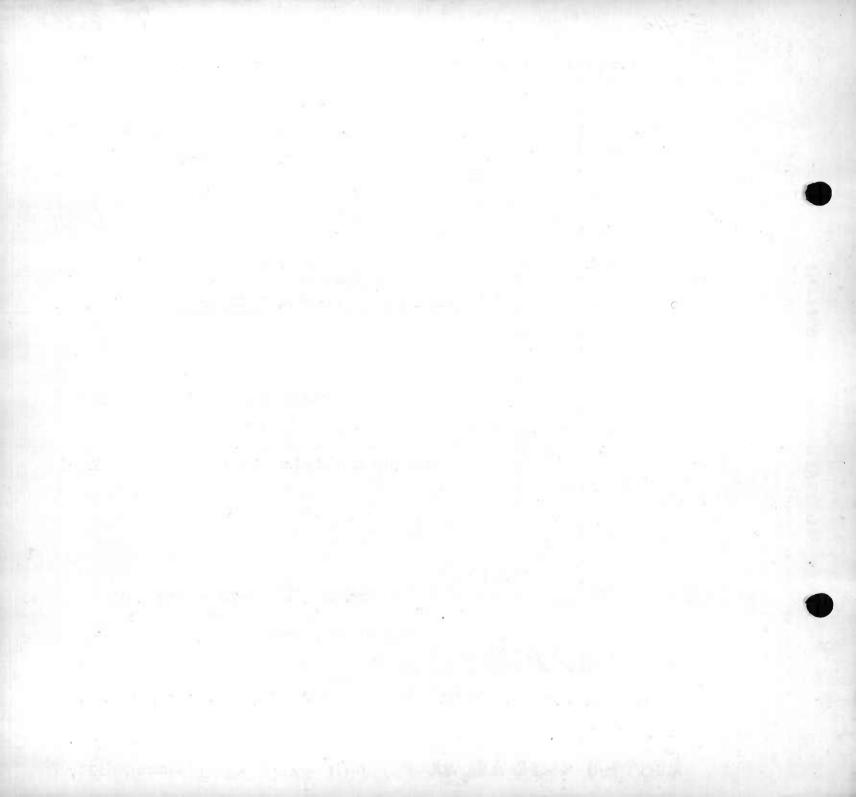
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VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

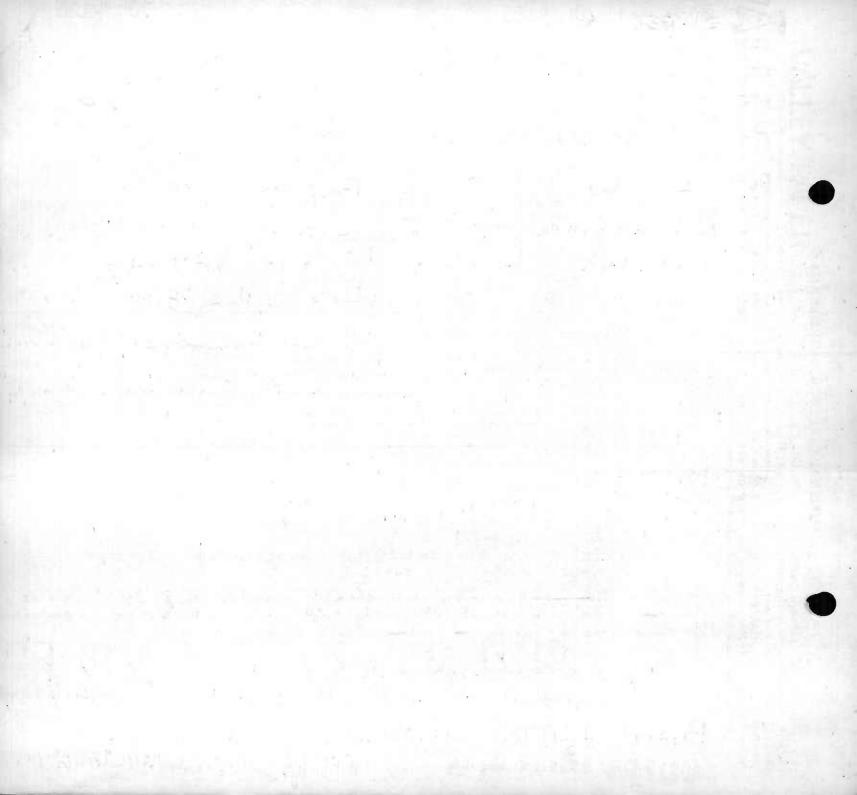


-19-	-18 js	R-5/0 70 8124 BALTIMORE CITY HEALTH DEPARTMENT 70 8124
	7.770.5	CERTIFICATE OF DEATH REG. NO
	and and assert the the	
	0 0 C N	(Type or Print)
	a de de	Bertha E. Buinov 8-12-70 3:25 a.m.
	hospital and see of deat (5) Decease and the death. Suc	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)  A. STATE B. COUNTY
	hos ise an de	
		FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS?
	l in a ng cau cause; attend ior to	Raltimone City Vermitel
	ring cau	4940 Eastern Avenue  Baltimore VEST NO  E. STREET AND NUMBER
	7 5 6	Paltimore Md 21221
	ar ar	BILL WORLD ST. BRITINGTE MG. 21221
	occur ontrib ermin regul based is ma	MARKIED NEVER MARRIED 19. Age un years 11 Under 1 Tr., 11 Under 24 Hrs.
	900	Female   White   WIDOWED   DIVORCED   10-3-19   50
	n n	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or largin country)  12. CITIZEN OF WHAT COUNTRY
	2 - 5 - 5 .0	
	de de de sit con de si	UnempLoyed Maryland U.S.A.  13. FATHER'S NAME U.S.A.
	direct; (4) Uh wan the dispos	The Mainter Mainter Name
	dis	Joseph Petrosche Anna Sajda
2	assistant if the di ny kind; d death lance on r final di	15. Was Deceased Ever in U. S. Armed Forces? (Yes, na or unknown) (If yes, give war or dates of service)  SECURITY NO.
7	istar he c kind deat ce o naf	
K	d d d	Raltimore Md 2122
IMPORTANI	- 0 70 ^	
\$	C 0 0 D	DISEASE OR CONDITION DIRECTLY
		(This does not mean the mode of dying, e.g., bent follows as he will failure ashering also be discussed by discussions and the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF:
••	2.20.8	negat tourse, astroita, etc. it illedits life disease,
K	ne proper	injury or camplication which caused death.
CTOR	E do de	ANTECEDENT CAUSES
	A A Wh	DISEASES OR CONDITIONS, if any, giving  (B) ATRIAL FIBRULIATION  DUE TO, OR AS A CONSEQUENCE OF:
DIRE	a X (R) L B	rise to the above cause (A) stating the
=	ins in	UNDERLYING CONDITION last. (C) OLD MYCCARPIAL TNFARCT & 415
	medical medical burns; physicic an was	
A	o P S X S	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL  FOR CONDITION GIVEN IN PART 1 (A)
FUNERA		C DISEASE OR CONDITION GIVEN IN PART 1 (A).
m	a n dy ody	198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
5	6× + 80	1 1 2
F	the (2) or ph efor	OR CONTRIBUTING CAUSE OF UT IN BUILDING CIty, give exact location)
	000	OR CONTRIBUTING CAUSE OF home, form, foctory, sheet, office bldg., INJURY OCCUR?
	d N k	DEATH (notify medical examined)  21D. TIME (Month) (Doyl (Year) (Hand) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  White At C. Not White C.
	pt pt (6)	While At   Not While
	a.d.6 - 1 ×	While At Work Not While
	prov the h ny n exce and obtai	22. I certify that (I) (this hospital) attended the deceased from 7/13 19 70to 3/12 19 70
	0000	
	9 + 9 B E 9	intermediate that intermediate on the dots
	assed to dent of ospital death) must be	ond hour ond from the couses stoted above. (1) (We) (did) (dld not) view the body ofter deoth.
	dent dent ospi dea mus	238. DATE STONED
	ccide ccide a hos to d	Oferennial Divided Med. Director   Staff   12/70
	0 - 2 >	23C, PHYSICIAM'S
	was r was r An an A. at a prior pprov	
		Jeremial Dewell 4940 Eastern Ave., Balto., Md. 21224
	FYEO BE	24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, lown, or county) (Stotel
		Burial 8/14/70 Sacred Heart Cemetery Baltimore, Md.
	This certi the body shows: (1 was D.O. deceased written a	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
	the showas was deco	AUG 17 1970 Caber E. Jaber, 22, Ullrich Funeral Home Dundalk, Md.
		V\$ 150-REV, 1/1/68



FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT

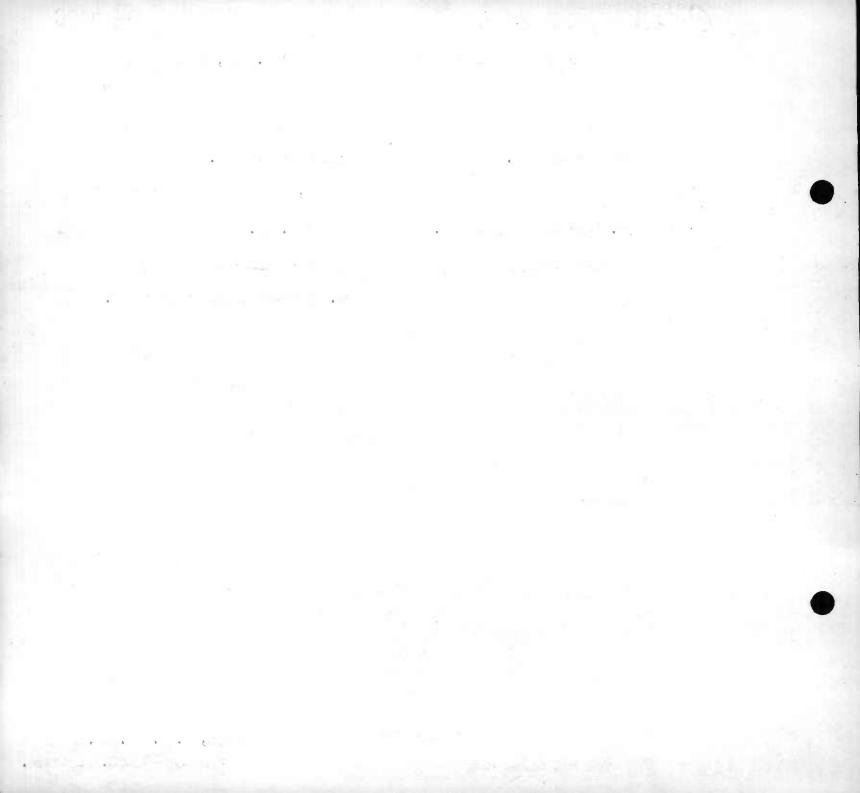


BALTIMORE CITY HEALTH DEPARTMENT 4. USUAL RESIDENCE (Where deceased livad, If institution: residence before admission)
A. STATE
B. COUNTY D. INSIDE CITY LIMITS? YES X NO If Under 24 Hrs. If Under 1 Yr. Months: Doys Hours 12. CITIZEN OF WHAT COUNTRY? USA Box 413 Rt. 2 Glen APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimoro City, give exact location) ...and that in (my) (aur) apinian death accurred an the date 130 E. Fort Ave. Mc Cully

IMPORTANT

FUNERAL DIRECTOR:

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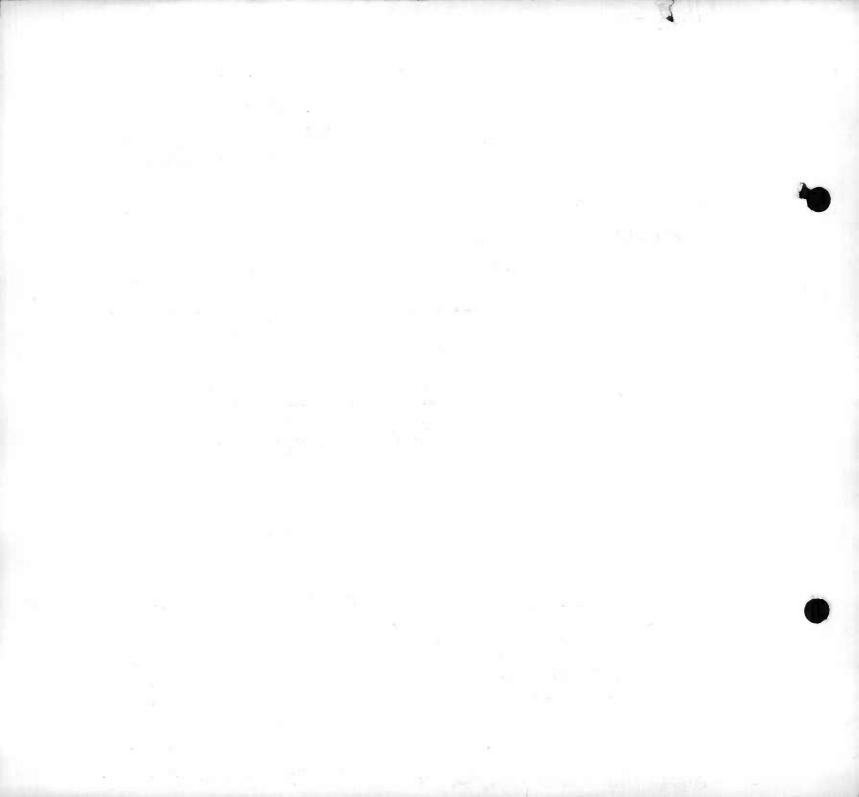
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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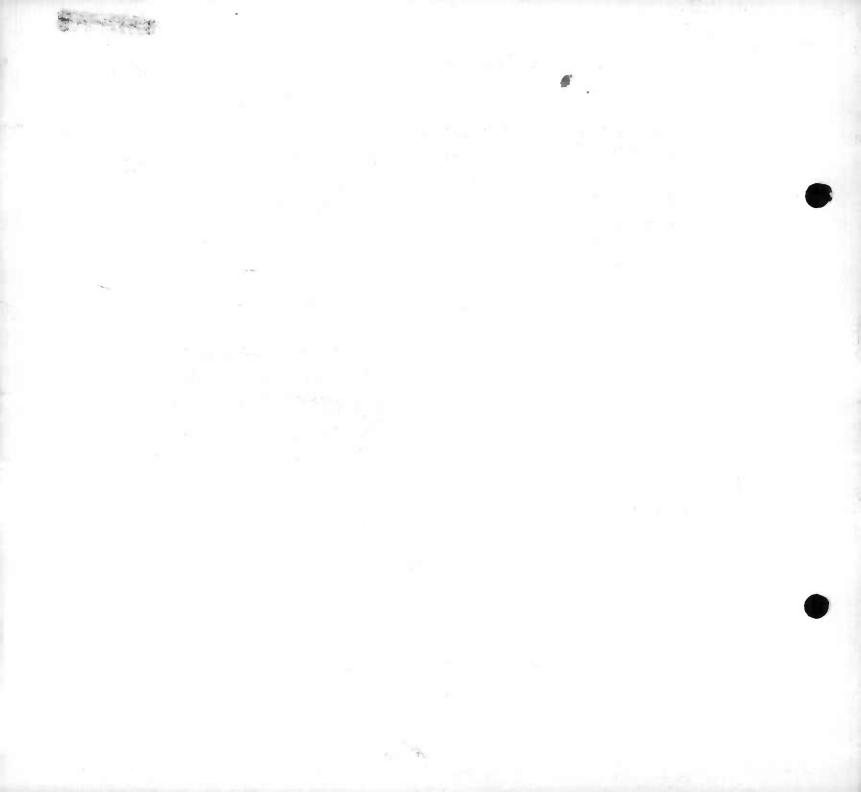
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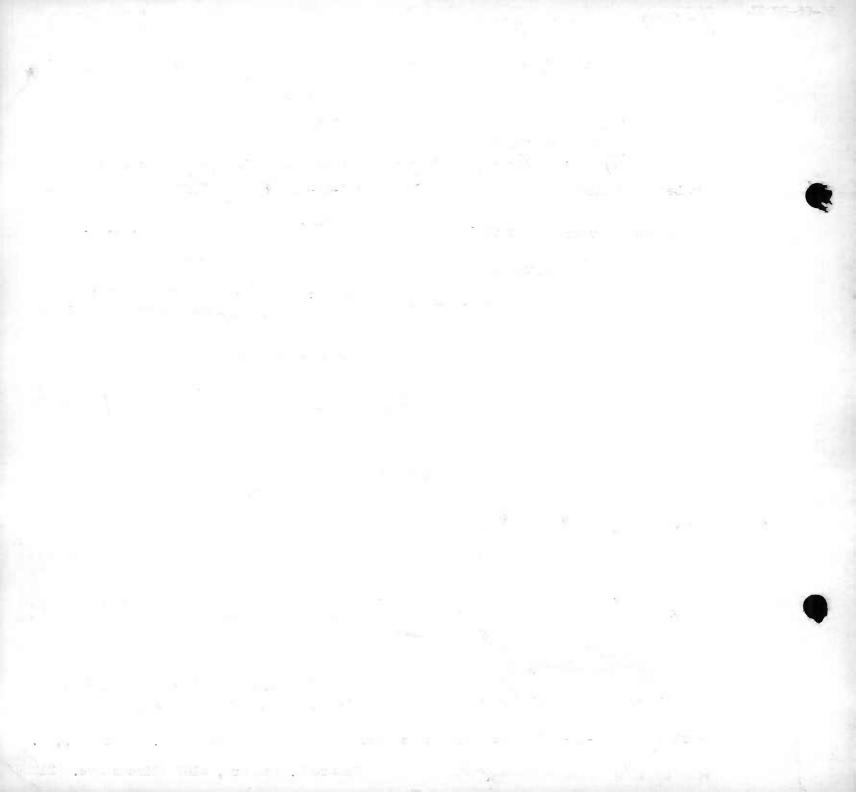


2601 E.

Madison St

in Nasometer Williams It admirturisment of technition 3 years ERACIELA S ALBROOM

5-88 IL	/ - 244	HEALTH DEPARTMENT 70 8132					
and ased the Such	BIRTH NO. 170 8132 CERTIFICA	TE OF DEATH					
T 4 C	(Type or Print) LESRO, MICHAE	2. Date and Hour of Death 8/14/70 1/240 a.m.					
0 0 0 0	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where decedsed lived, if institution: residence before admission) A. STATE B. COUNTY					
o u e	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATIONI BALTIMORE CITY HOSPITALS	Maryland  c. City or Town  Baltimore  D. INSIDE CITY LIMITS?					
prior e.	3 / 4940 Eastern Avenue	YES XX NO					
made.	Baltimore, Maryland #21224	4807 Frederick Ave #21229					
5	Male White WIDOWED DIVORCED	8. DATE OF BIRTH 7-30-05 9. AGE (in years If Under 1 Yr., If Under 24 His. Manths; Days Haurs; Min.					
ī	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
0	done during most of working life, even it retired)  Sheet Metal Worker Heating	Penna. U. S. A.					
	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
	Michael Capresko	Anna					
0	5. Was Deceased Ever in U. S. Armed Farcas? Yes, no ar unknown! (If yes, give war at dates af service) SECURITY NO.	Records: 4940 Baltimore Ctiy Hosptials					
L	NO 705-05-2065	Eastern Avenue #21224					
	18. CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	0. 1/.					
	(This does not mean the mode of dying, e.g., heart failure, asthania, etc. It means the disease,	SE ON KLOWE OF:					
	injury or complication which caused death.)						
l		cexia Munity					
ı	sisa to the above cause (A) stoling the	A CONSEQUENCE OF:					
ı	UNDERLYING CONDITION tast. (C)	***************************************					
1	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).  1994-DATE OF OPERATION 1998. CONDITION FOR WHICH OPERATION 2004. AUTOPSY? (Yes of No. 2008. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
1	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	*					
2000	194-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED	20A- AUTOPSY? (Yes or No. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
0 40	U 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in home, farm, factory, street, off						
	U 21A ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, form, factory, street, off DEATH (natify medical examines)	ica bidg., INJURY OCCUR?					
2000	21D-TIME (Manth) (Day) (Year) (Haus) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?					
4 4	(APPROX.)  While At Wark  At Wark						
	22. I certify that (this hospital) attended the deceased from						
	that ((we) last saw the deceased alive on 21 13 170	1922 and that (aur) apinion death accurred an the date					
	and hour and fram the causes stated above. (We) (did) (dimet) vi	ew the bady after death.					
	23A. SIGNATURE	238 DATE SIGNED					
	oscass Phys.						
	23C. PHYSICIAN'S NAME (Type) 2 Eduardo Mezzi	3D. ADDRESS Baltinou Cely baspilar					
2	24A, BURIAL CREMATION, 24B, DATE 24C, NAME of CEMETERY OF CREF	MATORY 24D. LOCATION (City, town, or county) (State)					
	Burial 8-17-1970 Meadowridge Cemete						
2	SA. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS					
-	AUG 17 1970 Robert E Jaben Ma,	Howard H. Hubbard, 4107 Wilkens Ave. 21229					
٧	'S 150-REV. 1/1/68						



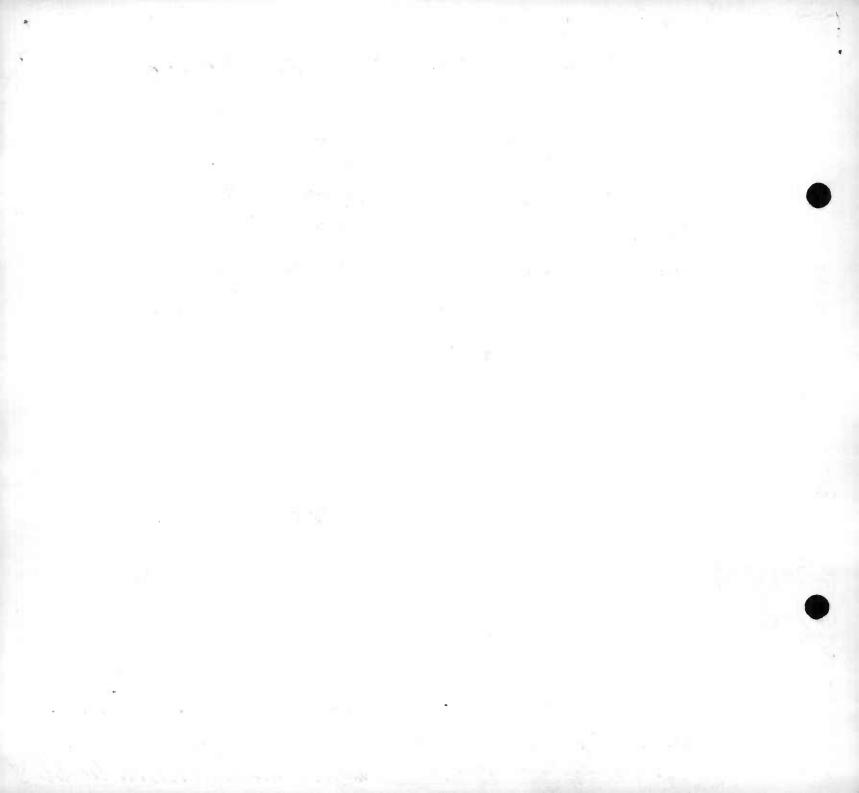
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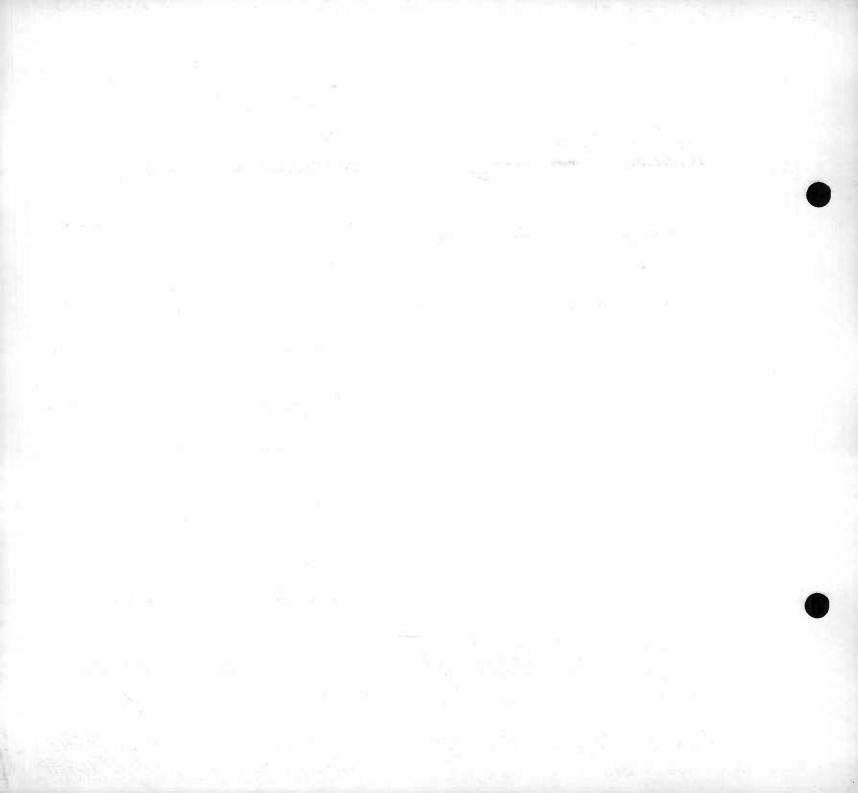
BIRT	-613 H NO.	,,,,,	133	3	CERTIFICA			REG. NO.		0 81	L33
	ME OF DECE		, RI	JDOLP	H EDWARD	7		UST 15,		12	:30P
FULL	SPLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF ADDRESS OR LOCATION)  ST. AGNES HOSPITAL				MARYLAN C. CITY OR TOW BALT I M	ND C	ITY	212 NSIDE CITY L YES X	29 2	85	
				1001	106	5126 EDMONDSON AVE.					
MA	LE	WHITE	WIDO	WED	DIVORCED	8. DATE OF BIRT	97	9. AGE (In years last birthday)	If Unde Manths	Doys Hours	nder 24 Hrs. Min.
WA	TC HMAN		10B, KIN	D OF BUS	INESS OR INDUSTRY	MARYLAN		gn country)		S.A.	COUNTRY
	UL KRA	Ō				ROSE (K		ΛE	1,,,,,,		
15. W (Yes, r	os Deceased no or unknown) YES	ever in U. S. Armed Fore lif yes, give war ar date WW 1	es? s of servi	ice)	SOCIAL SECURITY NO. 2035518	ST. AGNES	AVES.	BALTO., RECORD	MD.	ADDRESS 2	1229 LKENS
NO NO	njury or comp  AI  DISEASES OR  ise to the  JNDERLYING	sthenia, etc. It meons lication which caused NTECEDENT CAUSES CONDITIONS, if abave cause (A) CONDITION last.	death.) uny, gir slating	ving the	(A) IMMEDIATE CAU DUE TO, OR AS  (B) DUE TO, OR AS  (C)	CW A	F OF:	o rios clantai			
∢ D	ISEASE OR CO	BUT NOT RELATED TO THE NOTION GIVEN IN PART  PERATION 198 CONI WAS PERF	A) I		H OPERATION	20A. AUTOPSY		20R, IF YES, WE	RE FINDINGS CAUSES OF	CONSIDERED DEATH?	
CAL CE	A. ACCIDENT R CONTRIBUT EATH (notify n	WAS UNDERLYING ING CAUSE OF		21 B. PLAC home, far elc.)	E OF INJURY (e.g., ir m., factory, street, af	or obout 21 C. WHice bldg., INJURY	OCCUR?	(if in Boltin	nore City, giv	e exoct locotion	1
岁이	F INJURY APPROX.)	Month) (Day) (Year)	(Hour)	21E INJU While At Wark	RY OCCURRED  Not White At Work	21F. HO	W DID INJU	JRY OCCUR?			· · · · · · · · · ·
22. I certify that (X(this haspital) attended the deceased from AUGUST 11, 19 70 to AUGUST 15 that (6) (we) last saw the deceased alive on AUGUST 15 19 70 and that in (m/x) (aur) opinion death accurr.								19 <u>70</u> in the date			
23	A. SIGNATURI	mate a.v	ayu		AHer Phys	oding Me		Shaff N		e signed 15 70	
24A. I	NAME (Typ	DONATO A.			and the second s	CATON &	WILK  24D. LO	ENS AVES	BALT		
	REMOVAL (Sp. Burial	8-18-19	70 1		Park Ceme		Balt	imore, Ma		ADDRESS	(Stote)
	AUG17	1970 Pobert						ard, 4107	Wilken		21229

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		D 200 70 8136 CERTIFICATE OF DEATH REG. NO. 70 8136
	sed the the uch	BIRTH NO.
	O D N	1. NAME OF DECEASED (Type or Print)
s o o	P. o. d.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
	hospi use o (5) D ance deat	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission as STATE B. COUNTY
	a hos cause se; (5) andanc to de	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)
	cau se; end to	institution D. Inside city Limits?
	ting d cau d cau prior	E. STREET AND NUMBER
	de r	LUTKERAN HOSP: TAL 14009 PRIMROSE AVE.
	9 4 in 19 8 8	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years lost birthday)   If Under 24 Hr. Months; Doys Hours; Min.
	o un un un un un un un un un un un un un	7 WIDOWED DIVORCED 6 -30-12 58
	de in in in in in in in in in in in in in	IDA. USUAL OCCUPATION (Give kind of work) 108. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign caunity)  12. CITIZEN OF WHAT COUNTRY 11. BIRTHPLACE (State or foreign caunity)
	nt if death direct or c ; (4) Undet th was in in the dece	3. FATHER'S NAME USA USA
_	wa the	TM. THE THE THE THE THE THE THE THE THE THE
Z	=	S. Was Deceased Ever in U. S. Armod Forcos? 1/2/SOCIAL 17. INFORMANT ADDRESS
Z	ssista the kind dea ince final	5. Wes Decessed Ever in U. S. Armod Forcos? Tos, no or unknown) Ill yes, give wer or dates of service) SECURITY NO.
ORT	5 4 COO.	118 CAUSE DE DEATH
P	S G G G G G G G G G G G G G G G G G G G	DISEASE OR CONDITION DIRECTLY  CAUSE OF DEATH  APPROXIMATE INTERVAL BETWEEN ONSET AND GEAT
Σ	Also e of noun atte	1 CANALO CO DELCA
••	50 - 8	(This does not meon the made of dying, e.g., heart foilure, asthenia, etc. It means the disease,
08:	act act	injury or camplication which caused death.) Cancel Bleast, Radical Masterlany
5	E T T B B	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, il any, giving  DUE TO, OR AS A CONSEQUENCE OF:  DUE TO, OR AS A CONSEQUENCE OF:
Ä	e x m _ e a	the to the above cause but stouted the
5	S = S = S E	UNDERLYING CONDITION lost. (C)
9		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
2 .	y buy	E TO THE DEATH BUT NOT RELATED TO THE TERMINAL  C DISEASE OR CONDITION GIVEN IN PART 1 (A)
UNER	the sici	20A-AUTOPSY? (Yes of No.) 208. IF YES, WERE FINDINGS CONSIDERED
5	by by bhy ore	21A. A CCIDENT WAS UNDERLYING [] [218. PLACE OF SMILLEY (o.g. in schools) C. WHERE DID
Miles .		218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimoro City, give exact location)  218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimoro City, give exact location)  DEATH (notify modical examined)
	C-100 T	21D. TIME (Month) (Doy) (Year (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  White ALCO No! White CO
•	hosp natu (6)	
	SEXXER	
	0 0 0	01.21
leased to ident of hospital	t to t	and haur and from the causes stated above. (1) (We) (did) (did not) view the bady after death.
	dent of cospital (death); must be	23A. SIGNATURE () C/
		Attending Med. Staff 8/12/70
	2 T 0 T 0 T 0 T 0 T 0 T 0 T 0 T 0 T 0 T	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS
,	y was rely was rely was rely An accided by at a fall approval	S. 18450 Whelen Hospital of laryland
	L-70 0	44. BURIAL CREMATION, 1248. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, lown, or county) (Stote)
	ws: ws: D. D.	Durent SUM, 15 Ala LORRAINE PART Cambe Modellew Bollish
	the body shows: (1) was D.O. deceased written a	AUG 17 1970 Robert E. Jacker M.D. 25C. FUNERAL DIRECTOR
	-44503	5 150-REV. 1/1/68



1 1	BALTIMORE CITY HEALTH DEPARTMENT
	-520 70 8137 CERTIFICATE OF DEATH REG. NO. 70 8137
1. N (Typ	AME OF DECEASED  2. DATE AND HOUR OF DEATH  2. DATE AND HOUR OF DEATH
3. 1	YONCHA, JOHN  AUGUST 14, 1970 5:45 Properties of the properties of
H	A. STATE B. COUNTY
HO	SPITAL OR ADDRESS OR LOCATION)
	ST.AGNES HOSPITAL BALTIMORE YES NO
	WILKENS & CATON AVENUE E. STREET AND NUMBER
5. S	2122)
	MARKIED NEVER MARKIED Solve to the state of
IOA.	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country)
done	auring most of working life, even if refired)
	RETIRED - TAILOR GRUE TAILORING CO. LITHUANIA U.S.A.
	Loseph Jonaha DEC'D marie ?
150	Nos Deceosed Ever in U.A. Armed Forces? ,no or unknown) (If yes, give wor or doles of service)  16. SOCIAL SECURITY NO.  17. INFORMANT ADDRESS
	NO CONTRACTOR OF THE CONTRACTO
	18. CAUSE OF DEATH  APPROXIMATE INTERVAL  APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
	(This does not mean the mode of dying, e.g., (A) MMEDIATE CAUSE / PYTTONITY SUPPRIORIZED
	heort failure, asthenia, etc. It means the disease, injury ar complication which caused death.)
	ANTECEDENT CAUSES (B) Diverticulities With Perforation
	DISEASES OR CONDITIONS, if ony, giving inse to the above cause (A) stating the
	UNDERLYING CONDITION last (C)
_	
OL.	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT REVENTED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)
CERTIFICATION	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSYZ (Yes of No.) 20B. IF YES WEDE BINDINGS CONSIDERED
ERT	152
	21 & ACCIDENT WAS UNDERLYING   21 & PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, factory, street, affice bldg., INJURY OCCUR?
֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	
319	OF INJURY  While At   Not While
	Work LI At Work LI
- 1	The state of the s
- 1	that (N (we) last saw the deceased gilve on AUGUST 14 19 70 and that in (My) (our) apinian death accurred on the dat and hour and from the couses stated poove. N) (We) (did) (XIX NoN) view the bady after death.
2	23A. SIGNATURE 23B, DATE SIGNED
	Attending Med. Stoff R 08 15 70
2	23C. PHYSICIAN'S NAME (Type)  23D. ADDRESS
	23C. PHYSICIAM'S NAME (Type) SALVADOR QUIROZ M.D.  23D. ADDRESS CATON & WILKENS AVES. BALTO., MD. 2122
24A.	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
1	Surial 8/18/70 New Cathedral Com. Baltimore ml.
ZDA.	UG 17 1970 Pober E. Jaber RD 256, NAME OF REGISTRAR 256, FUNERAL DIRECTOR: Son Suc. ADDRESS FUNERAL DIRECTOR:
-H	50-REV. 1/1/68

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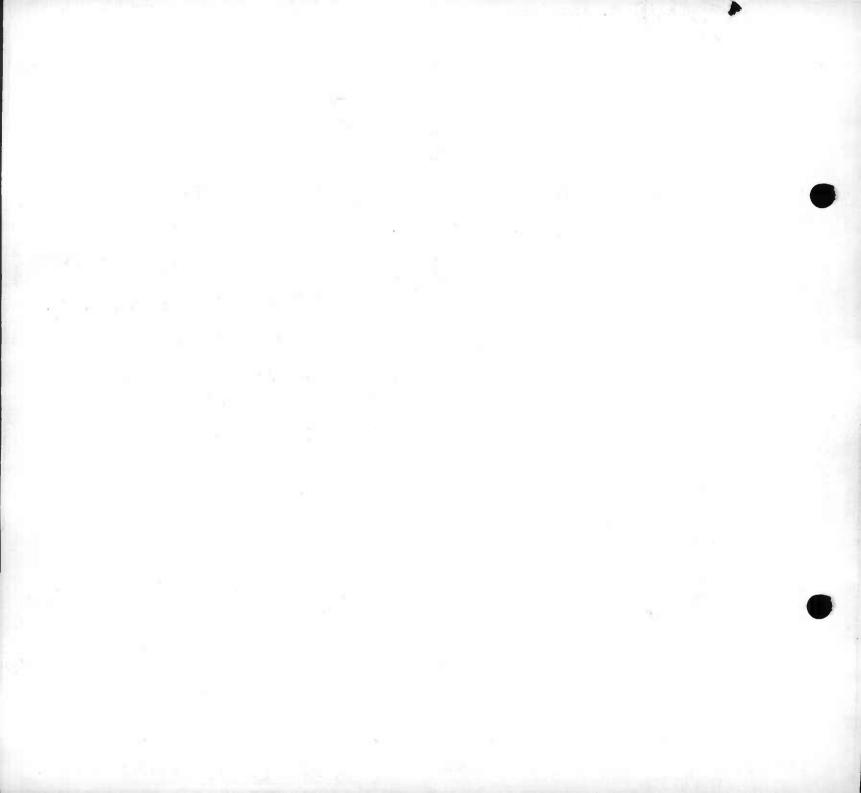


Tan	20	-100		HEALTH DEPARTMENT		70 0400	
BIRTH NO.	70	8139	CERTIFICA	TE OF DEATH	REG. NO.	70 8139	
1. NAME OF DEC	EDGAR T	EAGUE			AND HOUR OF DEATH	10:25 P M	
3. PLACE IN BA	LTIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (W	here deceased lived. If in	10:25 P N	
FULL NAME OF HOSPITAL OR INSTITUTION			UTION, GIVE STREET	MARYLAND  C. CITY OR TOWN Baltimore  D. INSIDE CITY LIMITS?			
1. 1	c Health Serv 00 Wyman Park		pital	E. STREET AND NUMBER 1425 Beason		YES NO	
S. SEX	6. RACE	7- MARRIED		6/22/12	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.	
done during most of	CUPATION (Give kind of work f working life, even if relired) water tender		BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	Ga.	12. CITIZEN OF WHAT COUNTRY USA	
13. FATHER'S NA	ME			14. MOTHER'S MAIDEN N	AME		
Che	ster Teague			Janie Bryant			
5. Was Deceoser Yes, no or unknown	d Ever in U. S. Armed For n) (If yes, give wor or date	s of service)	security No.	Records U	S PHS Hospita		
DISEASES rise to the	ANTECEDENT CAUSES OR CONDITIONS, if ne obove couse (A) IG CONDITION lost.	ony, giving sloting the	(c)	Severe atheros		Years Days	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  1994. DATE OF OPERATION 1998. CONDITION FOR WHICH OPERATION WAS PERFORMED				20 A. AUTOPSY? (Yes or	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?	
OR CONTRIB	ENT WAS UNDERLYING LUTING CAUSE OF	21 B. hom etc.	e, form, foctory, street, of	n or about 21C. WHERE DID fice bidg. INJURY OCCUR?	(If In Boltimar	e City, give exoct lacation)	
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)		INJURY OCCURRED  ile At  Not While rk  At Work		NJURY OCCUR?		
that (1)/(we		) attended the	Aug. 11 ) (We) (did) (did) fifty v	ug. 6		g. 11 19 70  nian death accurred on the data  238. DATE SIGNED  8/12/70	
23C. PHYSICI, NAME ( Samue	el P. Ward, St				Hospital, Ba		
Buri	(Specify)	4/70 (	Cedar H <sub>i</sub> ll Ce	emetery A	ronklyn PE	D. Maryland (State)	
AUG17	1970 Robert E.	32. RAME C	DF REGISTRAR	25C FUNDERAL DIRECTO	Sin Sin	ADDRESS	

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Times of the first contraction of the contraction o 



FUNERAL DIRECTOR: IMPORTANT

1	7							
1	1=/3/1/	TY HEALTH DEPARTMENT						
	TH NO. 20 8142 CERTIFICA	ATE OF DEATH REG. No. 70 8142						
	NAME OF DECEASED	2. DATE AND HOUR OF DEATH						
3	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	F. 6.30 PM 8-11-70						
		4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission B. COUNTY						
FU	LL NAME OF STREET STATE OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Manyland 1609						
IN:		C. CITY OR TOWN. D. INSIDE CITY LIMITS?						
	Lytheran Hasp. of Md.	E. STREET AND NUMBER						
1	16	2549 Edmondson Ave.						
5. 5	MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years   If Under 1 Yr. If Under 24 He						
	Female with the WIDOWED DIVORCED							
10A don	USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY						
	none none	Md. 8. United Starte						
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
	John ScheRhel	ANNA Nickel  17. INFORMANT ADDRESS FRANK G. Bode 2549 Edmendson Ave						
5. Yes	Wes Decessed Ever In U. S. Armed Forces?  to or unknown] [If yes, give wor or dotes of service)   SECURITY NO.	17. INFORMANT ADDRESS						
	No SECURITY NO.	FRANK G. Bode. 2549 Edmendson Ave						
	18. CAUSE OF DEA	TH APPROXIMATE INTERVAL						
	DISEASE OR CONDITION DIRECTLY	rebro vas Cular accident per MET AND DEAT						
	(A)IMMEDIATE CA	NUSE / 6 erays						
	heart failure, asthenia, etc. II means the disease.	S A CONSEQUENCE OF:						
	injury or complication which caused death.)	9						
	ANTECEDENT CAUSES	cu man of alay						
	rise to the above couse (A) stating the	S A CONSEQUENCE OF:						
	UNDERLYING CONDITION lost. (C)							
z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL							
CERTIFICATIO	DISEASE OR CONDITION GIVEN IN PART 1 (A).  19 A. DATE OF OPERATION 19 B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
E	WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?						
- 1	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, form, lociory, sheet, c	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR? (If In Boltimore City, give exoct location)						
اک	DEATH (notify medical examiner)							
5	21D.TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?						
	(APPROXI While At Work At Work							
	22. I certify that (I) (this haspital) attended the deceased from 9.30 AM 7-26.1970 to 6.35 PM 8-11 1970							
	that (1) (we) last saw, the deceased glive on 6 PM 8 - 1	19 7 0 and that In(my) (aur) apinion death accurred an the dat						
	and haur and from the causes stated above. (1) (We) (did) (did not)	view the body after death.						
F	23A. SIGNATURE	23B, DATE SIGNED						
	DEGREE Phy	ending Med. Stoff Stoff 8-11-1970						
	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS						
	Nassir SAGHAFI MiD	Lotheran Hosp. of Md.						
4A.	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATION (City, town, or county) (Stole)						
-		legger BALTO. Md.						
	DATE REC'D. BY HEALTH DEPT. 258, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR  CS-Mac Mall 301 Trobuck and  CS-Mac Mall						
10	AUG 17 1970 Robert E. Falley, M. a.	_ CS-Mar Mall						

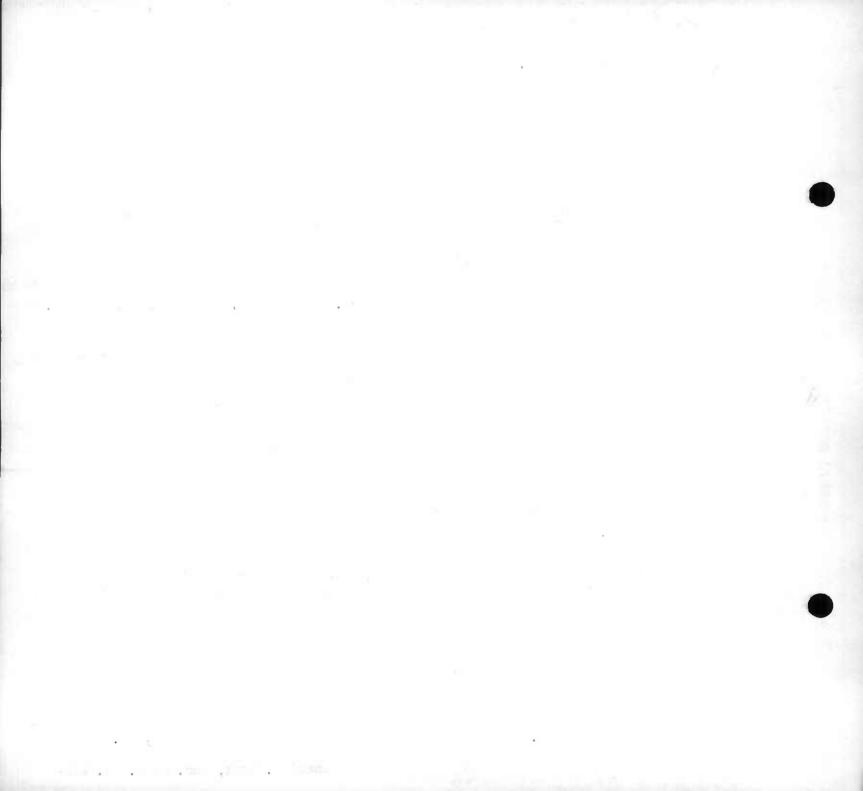
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S 155 BALTIMORE C	ITY HEALTH DEPARTMENT						
BIRTH NO. 70 8143 CERTIFIC	ATE OF DEATH REG. NO. 70	3143					
I, NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH						
SELIMAN, Albert Francis 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	8 -9 - 70  4. USUAL RESIDENCE (Where deceased lived, If institution: residen	2:50 P M.					
	A. STATE B. COUNTY	ice before odmission)					
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS	302					
Veteran's Administration Hospital	Baltimore D. INSIDE CITY LIMITS	NO 🗆					
3900 Loch Raven Boulevard	E. STREET AND NUMBER	NO L					
Baltimore, Maryland 21218	726 Lennox Avenue						
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	□ I IIOST DITINGOVI I Mignihst Davi	If Under 24 Hrs.					
Male   Negro   WIDOWED   DIVORCED   10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST	] 6-27-31   39						
done during most of working life, even if retired)		OF WHAT COUNTRY?					
Painter  13. FATHER'S NAME	Baltimore, Maryland U. S	. A.					
Herbert Sellman	14. MOTHER'S MAIDEN NAME						
	Gertrude Hall	10.00					
15. Was Deceased Ever in U. S. Armed Farces? (Yes, no arunknawn) (If yes, give war or dates of service) SECURITY NO.	THE THOUSE TOOOL OF	DRESS					
Yes Korean 213-28-7546							
18. CAUSE OF DE		PROXIMATE INTERVAL					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	AUSE Recent Subdural Hematoma D	lorra					
	AS A CONSEQUENCE OF:	ays					
injury or camplication which coused deoth.)							
ANTECEDENT CAUSES Grand	Mal Epilepsy	ears					
	AS A CONSEQUENCE OF:	Bt					
UNDERLYING CONDITION lost (c) Chroni	c Alcoholism						
z [[							
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL TUDETCU	losis	ears					
O DISEASE OR CONDITION GIVEN IN PART 1 (A).							
19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes	17					
OR CONTRIBUTING CAUSE OF home, form, foctory, street	office bldg., INJURY OCCUR?						
■ IDEATH (notify medical examined letc.)							
21D.TIME (Manth) (Doy) (Yeol) (Houl) 21E, INJURY OCCURRED  OF INJURY	21F. HOW DID INJURY OCCUR?						
[ [(Approx)	[[VbbkOx]						
22. I certify that 11) (this hospital) attended the deceased from	August 9, 1970 to August 9,	19_70_					
that (M) (we) last saw the deceased alive on August 9, 19 70 and that in (M) (aur) opinion death occurred an the date							
and have and from the causes stated above. (Me) (did) (Me) (did) (Me) view the body ofter death.							
23A- SIGNATURE 23B, DATE SIGNED							
Med. Staff W Staff No. DEGREE Phys. Director Phys. W 8=11=70							
23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 3900 Loch Raven Boulevard							
ALVA S. BAKER MD  24A. BURIAL CREMATION, 24B. DATE 24C, NAME of GEMETERY OF C	ALVA S. BAKER MD Baltimore, Maryland 21218						
Burial 8/12/70 Baltimore Nat.							
25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR	5501 Frederick Ave. Ba						
AUG 17 1970 Robert & Jake 22	Mary E. Law 802 Madison Ave.	DORESS					
VS 150-REV. 1/1/68							

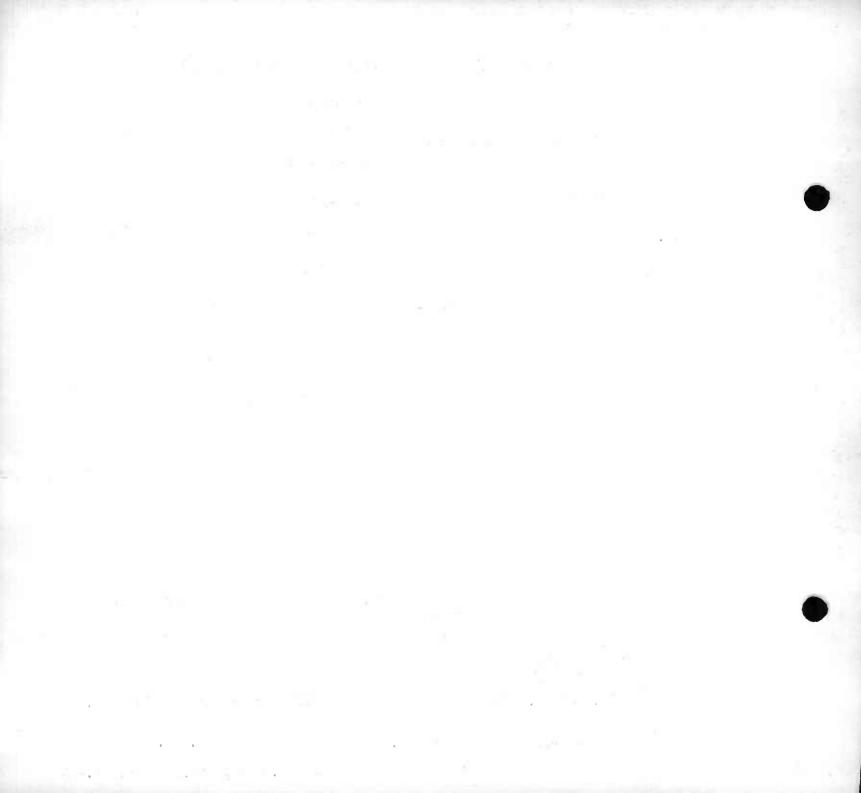
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•	eath accurred in a haspital and or contributing cause of death Indetermined cause; (5) Deceased s in regular attendance on the deceased prior ta death. Such ition is made.
IMPORTANT	ar his assistant if d Alsa, if the direct re af any kind; (4) U nounced death wa attendance on the Imed ar final dispos
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner ar his assistant if death accurred in a haspital and the body was released to the haspital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Bady burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written appraval must be obtained befare the remains are embalmed ar final disposition is made.
	his certificate m he body was rel- hows: (1) An acci vas D.O.A. at a t leceased prior to vritten appraval

	200 TO STATE BALTIMORE C	TTY HEALTH DEPARTMENT 70 8144				
В	D-320 /U 8144 CERTIFIC	CATE OF DEATH REG. No. 70 8144				
1.	NAME OF DECEASED	2. DATE AND HOUR OF DEATH				
	ype at Print)	8 12 2 1/2/2				
1 3	Wilhelmina) Mingle 1 1) 10 to	14 HELIAI DESIDENCE (W/ 1/2-70 4:45 PM.				
	0	4. USUAL RESIDENCE (Where docoased lived, If institution: residence before admission) A. STATE B. COUNTY				
H	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION)	CCITY OR TOWN D. INSIDE CITY LIMITS?				
	1 1 1 1	Rollingee YES NOT				
1	BoHON Hill Nursing Home	E. STREET AND NUMBER				
L		2507 List Avenue				
5.	SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF STRTH 9. AGE (In years If Under 1 Ye . If Under 24 Hrs.				
L	+ WLte WIDOWED DIVORCED	1 7/8/8/ 89				
10	A. USUAL OCCUPATION (Give kind of wark 108, KIND OF BUSINESS OR INDUST time during mast of warking life, even if retired)	TRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY?				
00		Componer				
1/20	Housewife	Germany USA				
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
	? Drompp	Unknown				
15.	. Was Doceased Ever in U. S. Armed Forcos? es,no at unknown) (If yes, give wor at dotos of sorvice)   16. SOCIAL   SECURITY NO.	17. INFORMANT ADDRESS 31				
	Ma	D We Fredomini C Dinte 0(30 TW. ) . Di //				
-	1/1-0/-0/					
-	18.) 4 CAUSE OF DE	ATH  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH				
	DISEASE OR CONDITION DIRECTLY	DETWEEN ONSET AND DEATH				
	LEADING TO DEATH	Alice Pagement Manual de de				
Ш	tinis does not meen the mode of dying, e.g., DIFTO OP					
11	heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	to tale to				
11		Total Agents				
	ANTECEDENT CAUSES	these lists bent alpeni lener				
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR	AS A CONSEQUENCE OF:				
	rise to the above cause (A) stoling the	L 0 001				
	UNDERLYING CONDITION lost. (C)	introduce generalized years.				
		which Postalia In				
NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	15/70				
ľĔ	I TO THE DEATH BUT NOT RELATED TO THE TERMINAL					
1 5	DISEASE OR CONDITION GIVEN IN PART 1 (A).	120A ALIEODRIA IV N. N. OAR III WAS				
ERTIFIC	WAS PERFORMED.	20A-AUTOPSY? (Yes or No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
	1/24 70 Frontier / left by	P 100				
Ü	21A, ACCIDENT WAS UNDERLYING 21E PLACE OF INJURY (e.c.	in or obout 21 C. WHERE DID (II in Boltimore City, give exect location)				
∥₹	DEATH (notify medical examineri etc.)	office bldg., INJURY OCCUR				
l Ä	7.600	2507 Listare Bolto, Md 2/2/4				
MEDI	OF INJURY (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
≥	(APPROX) 5/25/70 While At Not W	Thile & Fell w diversy from				
1						
	22. I certify that (1) (this hospital) attended the deceased from 6 // 19 /3 to 8 /2 19 /2 that (1) (we) lost saw the deceased alive on 5 /2 19 /3 and that in (my) (our) opinion death occurred on the date					
	and hour and from the couses stated above. (1) (We) (did) (did not	) view the body ofter death.				
-	23A. SIGNATURE	23B. DATE SIGNED				
1		Attending Med. Staff Phys. 3/79				
	23C. PHYSICIAN'S	hys. Director L Phys. L 8/3/7>				
1	NAME (Typo)	a contract				
1	ALLAN A. MACHT DEGR	TE. Henry Jode The 2/200				
24	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of C	CREMATORY 24D. LOCATION (City, town, or county) (State)				
1	Burial 8/17/70. Parkwood Cemet					
25						
23.	1110 1 7 40mg O a	25C. FUNERAL DIRECTOR ADDRESS				
111	AUG 1 1970 Rale & F 30 Q 200	Leonard J. Ruck, Inc. Balto. Md. 21214				

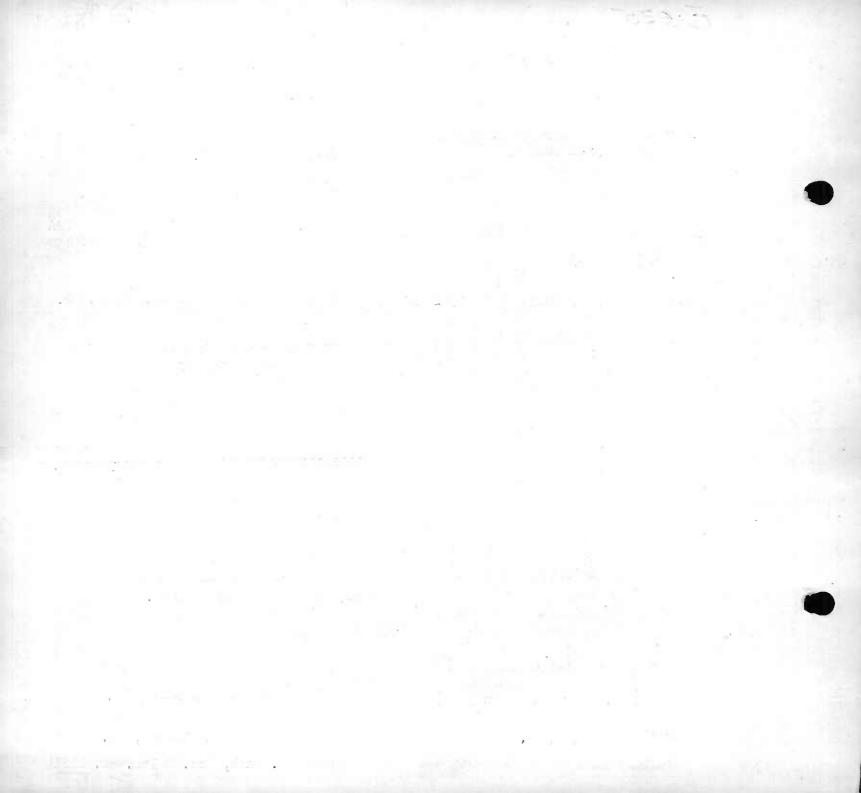


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	Su + Su	1.1	AME OF DECE		REDERICK	A	HOR	NUNG		t 11, 19			714
	5 + 9 o 4	3.	PLACE IN BALT	IMORE, MARYLAND, W			11010			re deceased liv		n: rosidence	e below odmission)
73	hos Use (5) an de	FU HC	LL NAME OF	(IF NOT IN HOSPITA	L OR INSTITU	TION, GIVE STR	EET	Marylar c. City or to	nd		D. INSIDE CIT	22	33
6-11-78	l in a cause; cause; attend	1	14	UNION MEMOR	ZIAL HO	SPITAL		Baltimo	re		YES [		№ □
		Ľ	/						ilsa Av	enue			
o cet	trik min gol sed	11	male	caucasian	WIDOWED 1	NEVER MARR		5-31-99		9. AGE (In year last birthday)	ors If Ur Mant	der 1 Yr.	If Under 24 His. Hours Min.
Zall	00 -0 -	10A don	USUAL OCCU during most of w	PATION (Give kind of work arking life, even if retired)	108 KIND OF	BUSINESS OR IN	DUSTRY	11. BIRTHPLAC	E (State at fore	ign country)	12, C	ITIZEN OF	WHAT COUNTRY
, 4	death t or c Undet as in e dec	13.	Ret. Fa					New Yo		M.E.		USA	
# =	# 5€ ¥ ± sq s		Unkno	own				Unkn		ME			
AN	istant he di kind; death ce on nal di	15. (Yes		Ever in U. S. Armed Farc (If yes, give war or dates	es? of service)	6. SOCIAL SECURITY N	o	17. INFORMAN	T			ADDR	ESS
PORTA	t the		18. // /	1/ •		215-01-6	-		old W Ho	ornung	Same	4.000	
ENEW IMPO	Also, if e of any ounced attenda		DISEASE	OR CONDITION DIR	ECTLY	UNUIL O	PLAIN	0	0	r 0	٨	BETWEEN	OXIMATE INTERVAL N ONSET AND DEATH
4	2 5 5 5		(This does no	t mean the made at sthenia, etc. It means	dying, e.g.,	(A) IMMED DUE TO	ATE CAUS	CONSEQUENCE	i pellio E OF:	les Cons	ilio-		***************************************
mede:	ner act pr ula		injury or camp	lication which caused	death.)		1600	cular ?	Do			ler	ule
3 75	SPA Z S S		DISEASES OF	CONDITIONS, if a	ny, giving	(B).	, OR AS	CONSEQUEN	CE OF:	~		-	P
2 2 DIRI	id ex id ex		UNDERLYING	abave cause (A) CONDITION last,	stoling the	(c)	*********		***********				
AL	medical Medical Mornes physicia an was remain	ATION	10 THE DEATH	ANT CONDITIONS CON BUT NOT RELATED TO TH NOTION GIVEN IN PART	E TERMINAL	5m.)	skep	eme-	Piv	erteaul.	to this	la te	ervia lux
FUNER	a ody ody he the	RTIFIC	19A DATE OF	OPERATION 198 COND WAS PERFO	TION FOR WI	HICH OPERATIO	N U	20A. AUTOP	5Y? (Yes at No	10 CERTIFYIN	WERE FINDING	S CONSI	DERED
3 5	tal by by (2) B here t No phy before	1	21A. ACCIDENT OR CONTRIBUT DEATH (natify n	WAS UNDERLYING ING CAUSE OF	21B, P home, etc.)	farm, factory,	Y le.g., in treet, offi	or obout 21 C. V ce bldg., INJUR	VHERE DID	(If In E	Balilmore City, g	live exoct I	lo cottan)
,0	d. 5 4 5 5	31	21 D. TIME ( OF INJURY (APPROX)	Month) (Day) (Year)	White	NJURY OCCUR	RED lot White	21 F. H	INI DID WO	URY OCCUR?			
	brown b		27 111 -11	hat (i) (this hospital)				al-	1	9 70 to_	17 aug	riel	1970
	= 0		that (i) (we) l	ast saw the deceased	alive on	5-11		1970	and the	at in (my) (ou	ır) opinion de	ath occu	urred on the date
	U 1919 - An de .		and have and	from the causes state	d abave. (1)	( <b>W6) (did) (</b> did	nat) vi	w the bady	after death.	Declared		ATE SIGNE	
	elease ccident a hospi to dea			Sten C. AC	2	DEG	Attenda Phys.	ding A	Ned.	Staff Phys.			3-70
	y was r y was r 1) An a 3.A. at d prior		NAME (Typ	Dr. John C	. Hyle			D. ADDRESS	<b>15</b> 27 Be:	lair Roa	d, Balto	, Md.	. 2/236
	certifi Sody Vs: (1) D.O.A ased ten ap	24A	BURIAL CREM REMOVAL (Sp.	ATION, 24B, DATE		AE of CEMETER		MATORY	24D. LC	CATION	(City, town,	or county	(State)
	This certi the body shows: (1 was D.O. deceased written a	_	Burial	8-11-70 Y HEALTH DEPT.  2	Par	rkwood Ce	em.	25C, FUNER	AL DIRECTOR	Balto.	Md.	ADI	DRESS
	This the b show was dece	A	JG1719	70 Robert E.				Leona	rd J. R	ick, Inc	., Balto		
		V\$ 1	50-REV. 1/1/68										

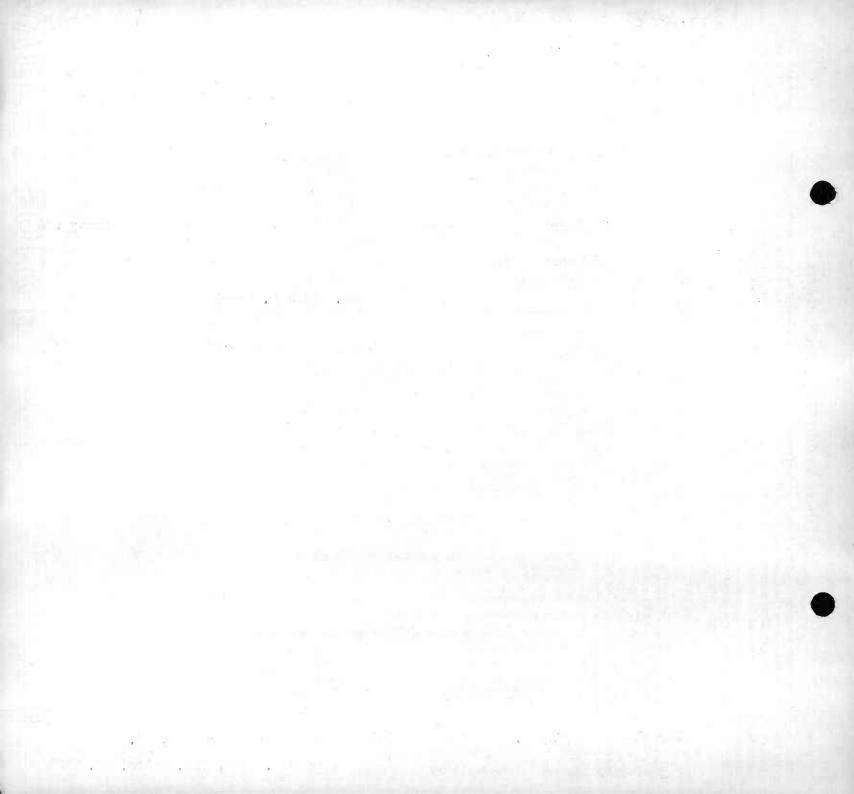


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E-17	Com		BALTIMORE CITY	HEALTH DEPARTMEN	IT	70 -115
BIRTH NO.	70	8148	CERTIFICA	TE OF DEAT		.70 8146
Type or Print)	James Pero	ival Er	dman		ug. 12, 1970	/ 00 -
3. PLACE IN BAL	TIMORE, MARYLAND, V			4. USUAL RESIDENCE	(Where deceased lived. If	institution: residence before admission
FULL NAME OF HOSPITAL OR NSTITUTION	(IF NOT IN HOSPIT	TAL OR INSTITU	JTION, GIVE STREET	Md.		NSIDE CITY LIMITS?
US Publi	c Health Serv	rice Hos	nital	Baltimore	CE E E	YES 📶 NO 🗌
	100 Wyman Par			4503 Lue	rssen Ave.	
. sex	6. RACE	7- MARRIED WIDOWED	NEVER MARRIED DIVORCED	6/12/92	9. AGE (In years lost birthdoy) 78	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
one during most of	UPATION (Give kind of wor working life, even if retired) <b>tired</b>	Firema	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of Md.	r foreign country)	12. CITIZEN OF WHAT COUNTR
3. FATHER'S NAME			14. MOTHER'S MAIDEN	INAME	70 8107	
Dav	id Erdman			Eliza Ru	sk	All was to
S. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.				17. INFORMANT		ADDRESS
Yes	USN 1907-		217-26-8927		US PHS Hospit	tal, Balto, Md.
DISEASES OF THE PROPERTY OF THE PEAT OF THE DEAT DISEASE OR C	asihenio, etc. 11 meons application which couses ANTECEDENT CAUSES OR CONDITIONS, if e above couse (A) G CONDITION last.  II FICANT CONDITION S CO GH BUT NOT RELATED TO ONDITION GIVEN IN PA	d deoth.)  ony, giving stating the DNTRIBUTING THE TERMINAL RT 1 (A).	(B)	A CONSEQUENCE OF:		
19A. DATE OF	OPERATION 198. CON	NDITION FOR Y	WHICH OPERATION	20 A. AUTOPSY? (Yes	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBL	NT WAS UNDERLYING [ JTING CAUSE OF medical examiner)		PLACE OF INJURY (e.g., i e, lorm, foctory, street, of	n or obout 21C. WHERE D ffice bldg., INJURY OCCU	ID (If in Boltin	nore City, give exact location)
21 D. TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED		INJURY OCCUR?	
(APPROX.)	6/25/70	) Whi	ile At Not While	e X Pa	tient fell at	home
22. I certify	that (1) (this haspita	1) attended t	ne deceased from	Aug. 11	19 70 to Au	
	last saw the deceas					pinian death accurred on the da
23A. SIGNATU		ited abave. ()	(We) (did) (did hop)	iew the bady after de	ath.	23B. DATE SIGNED
Ja	y El tel		OLOKEL	mding Med. S. Director	Staff Phys.	8/13/70
PHYSICIA NAME (CA)	ry E. Feldman	n, SA Su		US PHS	Hospital, Ba	ilto, Md.
		24C N	AME of CEMETERY OF CRI	EMATORY 12	D. LOCATION	
Burial Burial	MATION, 24B. DATE Specify) 8/17/		oly Redeemer			(City, town, or county) (Stote)  nore, Md.



VS 150-REV. 1/1/6B



VS 150-REV. 1/1/68

IMPORTANT

DIRECTOR:

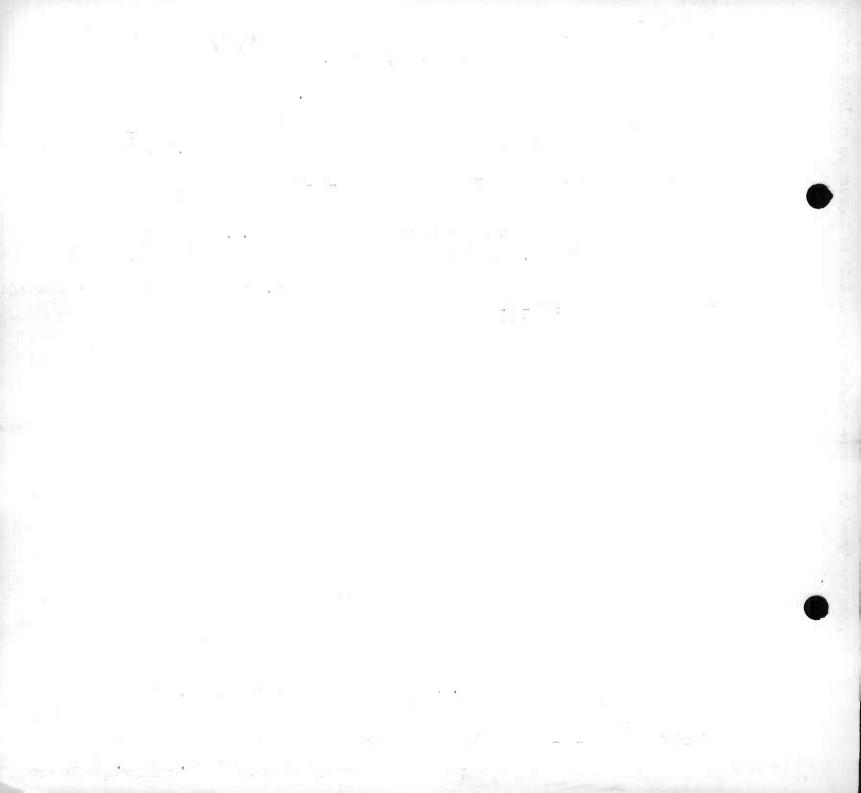
FUNERAL

VS 150-REV. 1/1/68

e estima 



(C)		BALTIMORE CITY HEALTH DEPARTMENT
carbons	DED OF	THE PROPERTY OF THE REG. NO
ar	and eath ased the Such	I NAME OF DECEASED
	- D 0 6 -	SCHUMACHER PAUL F. 08-14-70 08.20 h.
te 3	ospit 6 of 5) De nce	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)  A. STATEDEL.  B. COUNTY
later	Se Se de de	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET 11) ELAWADE 1996
uo	to d	UNIVERSITY OF MARYTAND HOSPITAT. C. CITY OR TOWN MILLSBORO D. INSIDE CITY LIMITS?
	i ga i	MILLS BORO YES XX NO
impression	ting d cau r att prior	Boltimae Marlan E. STREET AND NUMBER 1/3 Suport Highway
S S	ribu nine gula sed mad	5. SEX male 6. RACE white 7. MARRIED NEVER MARRIED 8. DATE 25 SIRH2 9. AGE (In Years lost birthdoy) Months; Days Hours; Min.
ore	ntrik rmin egul ased	MALE WHITE WIDOWED DIVORCED 08. 26. 02
LIME	dete in r	10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)  12. CITIZEN OF WHAT COUNTRY?
no	00 = "=	Chickey processing New Jeasty N.J. U.S.A USA
	if d rect (4) U was the spossi	13. FATHER'S NAME EDWARD G. SCHUMACHER 14. MOTHER'S MAIDEN NAME MORGIA A. SHERRY
left		EDWARD G. SCHUMACKER MORGIA A. SHERRY
-	stan ind; eatle	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.  17. INFORMANT Mrs. Rose Flying Schumatores same ad
inking	Ting A A Bir	no No SS No: 137-05- 137-05-1376 wife Mrs. Rose Elvino Schmache Same
'절	o de de se	1 1376 CAUSE OF DEATH
4	lso, of of of of of of	LEADING TO DEATH
	Torior or Also	(This does not mean the mode of dving an (A) MMMEDIATE CAUSE (ATLER OF THE LEFT LUNG) / FERS
original	Z Pathop	hand foilure, asthenia, etc. It means the disease, injury or camplication which caused death.)
·11	ego fring:	ANTECEDENT CAUSES
0	Xan Xan Xan Wh Wh	DISEASES OR CONDITIONS, if ony, giving  DUE TO, OR AS A CONSEQUENCE OF:
90	Z _ • © = . = v	rise to the above cause (A) stoling the UNDERLYING CONDITION last. (C)
because	dical ras;	
990	med edic burr hysi n w	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE TERMINAL
in	E Y G G G	U DISEASE OR CONDITION GIVEN IN PART 1 (A).  U 199A-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION [20A-AUTOPSY? (Yes or No)] 208. IF YES, WERE FINDINGS CONSIDERED
	chi Boo the the	WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?
typed	the all by (2) ere of ph	On contraint the first and the state of the
3	>= ofza	DEATH Inotify medical exomined    Control of the co
	atur atur (6)	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
Mass	a. d. 6 a a y	While At Work Now &
73	the any obt	22. 1 certify that (1) (this hospital) attended the deceased from 8/12 1970 to 8/14 1970
Da	to to of a line (a line);	that (1) (we) lost saw the deceosed olive an
	sed to ant of pital eath)	and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.
	a do de E	238. DATE SIGNED
	FOURFO	Altending Amed. Staff Phys. Staff Phys. Staff Phys. Staff Director Phys. Staff Phys.
	ate as r at at rior	23C. PHYSICIAN'S SAFUH ATTAR, M.D. 23D. ADDRESS University of Md. Hospital SAFUH ATTAR MD. 110TV. G.F. Mary Co. Hospital
	ificate y was r 1) An a 3.A. at d prior	24A BURIAL CREMATION SUR DATE
	E-000-	REMOVAL (Specify)
	This cert the bod shows: was D.C decease	
	This the k show was dece	AUG 17 1970 Jobe E. Jabe A. P. John School Control of Registran John School Control of Ruck Inc Mixto Control of Ruck Inc
		VS 150-REV, 1/1/68

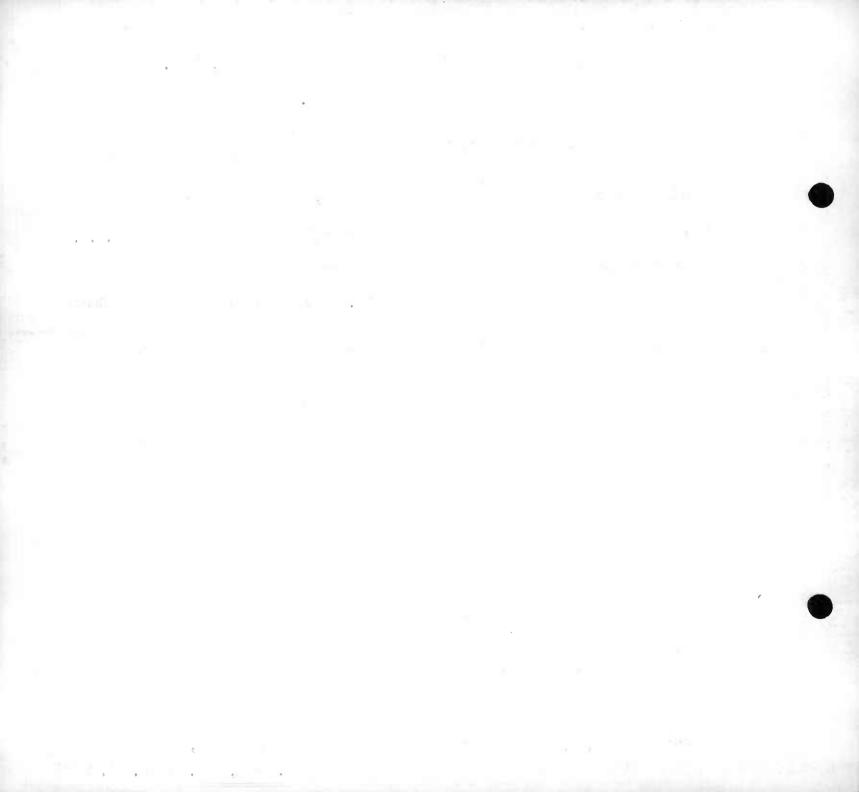


11 1 - 1 9	23 70	0152		HEALTH DEPARTMENT		70 8152
BIRTH NO.		8152	CERTIFICA	TE OF DEATH	REG. NO	
1. NAME OF (Type or Print)	wide Cast	o, Joseph	R		ND HOUR OF DEATH $4-70$	12:15
3. PLACE IN	BALTIMORE MARYLAND, V	WHERE PRONOUN	CED DEAD	A STATE B. COUL	ere deceased lived. If i	institution: residence before odm
FULL NAME HOSPITAL OF	OF (IF NOT IN HOSPIT R ADDRESS OR LOC	TAL OR INSTITUTION	ON, GIVE STREET	C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
2/	BALTIMORE CIT	Y HOSPITAL	S	BALTIMORE		YES K
31	4940 Eastern Baltimore, Ma	Avenue #	21224	E. STREET AND NUMBER 1677 Freedom	Way North	#21213
5. SEX Male	6. RACE White	7- MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 4-20-24 23	9. AGE (In years lost birthday)	Months Days Hours
IOA, USUAL O	CCUPATION (Give kind of wor			11. BIRTHPLACE (Stote at fore	ign country)	12. CITIZEN OF WHAT CO
Foreman		Balto Ga	as & Elec Co	MARYLAND		U.S.A.
13. FATHER'S	Pasqua:	le Anasta	asio	14. MOTHER'S MAIDEN NA Bern	me nidito ?	
15. Was Decea (Yes, no or unkn	used Ever in U. S. Armed Forown) (II yes, give wor ar dot	rces? 16.	SOCIAL SECURITY NO.	17. INFORMANT B Records: alt:	imore City	Hospitals
Yes	WW 11	215	-16-67 <b>0</b> 2	Conpressing of	tern Avenue	#21224
DISEASES rise to UNDERLY	ure, asthenia, etc. It means camplication which caused ANTECEDENT CAUSES OR CONDITIONS, it the abave cause (AITING CONDITION last.	any, giving stating the	Tune	A CONSEQUENCE OF:  A CONSEQUENCE OF:	ran 1	***************************************
DISEASE O	OF OPERATION 19 CON WAS PER	HE TERMINAL  TO 1 (A),  TOTO FOR WHITE  FORMED	4 10 4	20A. AUTOPSYT (Yes or No	208, IF YES, WERE	FINDINGS CONSIDERED
2TA. ACCI OR CONTI	OF CONDITION GIVEN IN PAR OF OPERATION 19B. CON WAS PER IDENT WAS UNDERLYING RIBUTING CAUSE OF afily medical examines)  (Month) (Doy) (Year)	21B, PLA hame, fo	CE OF INJURY le.g., in orm, foctory, street, off	or obout 21C. WHERE DID	(If to Boltimo	re City, give exact facotion)
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)	(Hour) 21 & INJ White A Work	URY OCCURRED  Not While At Work	21F. HOW DID INJ	URY OCCUR?	
22. I cert	rify that (1) (this hospital				19 to 7	(( 10 e
	we) lost sow the decease			19.70 ond th	ot In (my) (our) op!	nion death occurred an the
		ted obove. (I) (W	'e) (did) (did not) vi	ew the body ofter death.		
23A. SIGN	Michel	Saad	Atter Phys.	ding Med.	Staff Phys.	23 B. DATE SIGNED 8 . 15 . 72
00 C 2111	CIAN'S E (Type)	AADE	2	Baltime	City	Hospitals
23 C. PHYSI NAMI	116166		the management		,	
NAMI	CREMATION, 248, DATE	24C. NAME	al CEMETERY or CRE	MATORY 24D. Le	CATION (C	ty, town, or county) (Si
AA. BURIAL CREMOVA	CREMATION, 248, DATE		imore Nation		altimore, Ma	



FUNERAL DIRECTOR: IMPORTANT

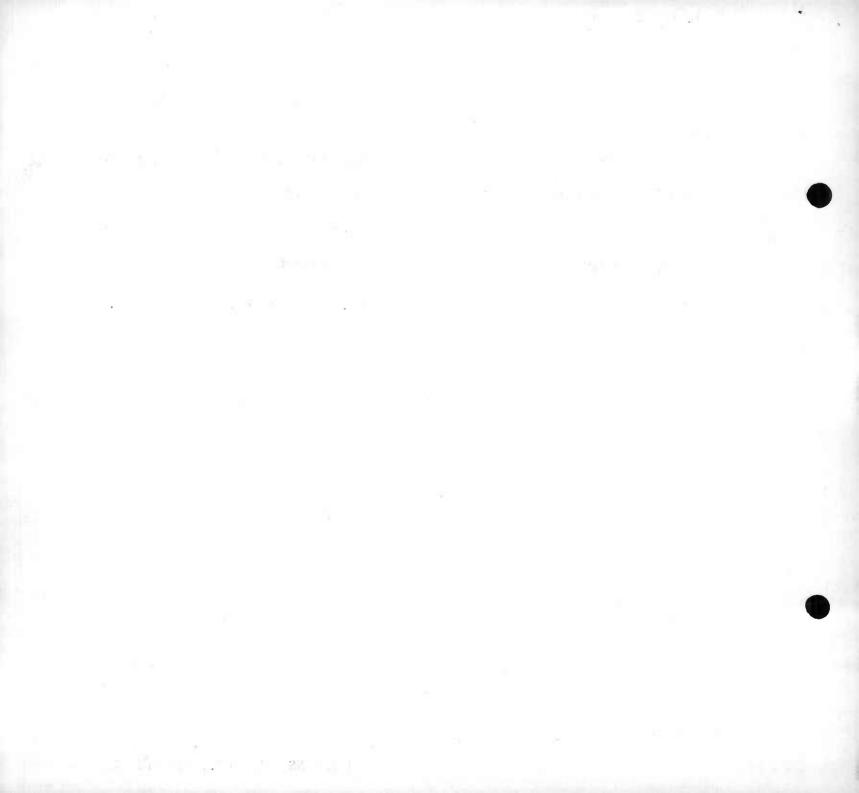
S-36. BIRTH NO.	.,,	8153		HEALTH DEPARTMENT	REG. NO	70 8153
1. NAME OF DEC	ADALI	NE STRUC	CK		and Hour of DEATH 15t 13, 1970.	150350
FULL NAME OF HOSPITAL OR INSTITUTION	IMORE MARYLAND, W (IF NOT IN HOSPIT, ADDRESS OR LOCA	AL OR INSTITUTION.		4. USUAL RESIDENCE (WA. STATE B. COI	here deceased lived, If in JNTY	IDE CITY LIMITS?
44	Union Memor	ial Hospita	ıl	Baltimore E. STREET AND NUMBER	3718 Evergr	reen Avenue
5. sex Female	White	7. MARRIED WINE	DIVORCED	8. DATE OF BIRTH June 6, 1896	9. AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
Home Make	rorking life, even il retired)	108, KIND OF BUSIN	ESS OR INDUSTRY	Maryland  14. Mother's Maiden N  Laura Harker		U.S.A.
15. Was Deceased	Ever in U. S. Armed Forc (If yes, give wor or dote:		CIAL CURITY NO.	17. INFORMANT Mr. Bernard S	truck	ADDRESS (Same)
DISEASES OF THE UNDERLYING	NTECEDENT CAUSES  R CONDITIONS, if cobove couse (A) CONDITION last.  II CANT CONDITIONS CON I BUT NOT RELATED TO TH	stating the	(B) COTO DUE TO, OF AS (C) GREE	nary hlar a consequence of: lealized al	t disea Uroschio	nj
19A-DATE OF	OPERATION   19B. CONE WAS PERF	1 (A). DITION FOR WHICH ORMED		20A. AUTOPSY? (Yes or I	10) 208. IF YES, WERE IN CERTIFYING CAT	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUT	T WAS UNDERLYING   TING   CAUSE OF medicol exominent  TMonth) (Doy) (Year)	home, form,	foctory, street, of	n or obout 21 C. WHERE DID fice bidg., INJURY OCCUR?		e City, give exact location)
(APPROX.)		While A1 Work	Y OCCURRED  Not While At Work	21 F. HOW DID IN	IJURY OCCUR?	
that (I) (we)	hat (I) (this hospital) ast sow the deceased from the couses state	d alive an	ly 17	1970 and 1		nlan death occurred on the date
23A. SIGNATUR	asia & .	Coma		nding Med.	Staff Phys.	23 B. DATE SIGNED
226 81196161						0 10 10
23C. PHYSICIAN NAME ITY	ARIO E.	COMAS	M.D. DEGREE CEMETERY OF CRE	130. ADDRESS 130 & K MATORY 240.	ENSEL LOCATION (Cit	C+ Balls kid



D-54270 8154		HEALTH DEPARTMENT		70 8154
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	0404
1. NAME OF DECEASED		2. DATE	AND HOUR OF DEATH	
DONELSON, Chester Art	thur	8-	13-70	9:45 P
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONE	OUNCED DEAD	4. USUAL RESIDENCE (W	here deceased lived. II in	stitution: residence belore admission
FULL NAME OF UF NOT IN HOSPITAL OR INSTI	TUTION, GIVE STREET	Maryland		1300
FULL NAME OF (IF NOT IN HOSPITAL OR INSTI HOSPITAL OR ADDRESS OR LOCATION)	and the same of th	C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
Veterans Administrati		Baltimore		YES NO
3900 Loch Raven Boule		E. STREET AND NUMBER		
Baltimore, Maryland	21218	2342 Eutaw F	lace	
SEX 6. RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	II Under 1 Yr. If Under 24 H Months Doys Hours Min.
Male Caucasian WIDOWE	DIVORCED	7-6-95	lost birthdoyl	Months Doys Hours Min.
A. USUAL OCCUPATION (Give kind of work 108, KIND C	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	preign country!	12 CITIZEN OF WHAT COUNT
Clerk Typist (Ret)		Baltimore, N	form [ama]	U. S. A.
FATHER'S NAME				0 0 0 %
		14. MOTHER'S MAIDEN N	AME	
Artemus Donelson			Virginia	?
. Was Deceased Ever in U. S. Armed Farces? es,no or unknown) (If yes, give war or dotes of service)	SECURITY NO.	17. INFORMANT VA	Hospital Reco	ords ADDRESS
Yes 4-29-18 to 5-5-19	218-10-6868		aruland 21218	
18.	CAUSE OF DEATH			APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEA
LEADING TO DEATH	(A) IMMEDIATE CALL	SE CEREBRAL VAS	CHTAR ACCIDEN	m
IThis does not mean the mode of dying, e.g. heart failure, asthenia, etc. It means the disease	DUE TO, OR AS	CONSEQUENCE OF: DISTRIBUTION	oornat HoolDin	A
injury or camplication which caused death.)	· TWAOTATMG	DISTRIBUTION	OF LEFT MIDDL	E
ANTECEDENT CAUSES	CEREBRAL			
DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the above cause (A) stating the UNDERLYING CONDITION tast.				
ONDEREING CONDITION last.	(c)	***************************************	***************************************	***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL				The state of the s
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or	Noll 208 IE VEC WEEE E	INDINGS CONSIDERED
WAS PERFORMED		Yes	IN CERTIFYING CAL	INDINGS CONSIDERED
21A. ACCIDENT WAS UNDERLYING 21	RPLACE OF INJURY (e.g., in		it to Rollimore	City, give exact location)
OR CONTRIBUTING CAUSE OF has DEATH (notify medical examined)	RPLACE OF INJURY (e.g., in ne, form, foctory, street, off J	ice bldg., INJURY OCCUR?	he in polimere	City, give exact lacquant
1				
OF INJURY	INJURY OCCURRED  Alle At  Not While	21F. HOW DID II	NJURY OCCUR?	
(APPROX.)	ork LJ At Work		,	PEC 104
22. I certify that XI) (this haspital) attended	he deceased from	ugust 2.	19 70 to Aug	ust 13. 19 70
that 🕉 (we) last saw the deceased alive an		19 70 and	that in (NOV) (aur) anim	lan death accurred an the da
and hour and from the causes stated above.		aw the hade also done	11 200	and the day
23A/SIGNATURE	17 (me) (dra) (dra) VI	ew the body offer death		23B, DATE SIGNED
IX GOVES CARCULA	MD Atten	ding Med.		
23C. PHYSICIAN'S	DEGREE Phys.	Director L	Staff Phys.	8-14-70
NAME (Type)		3D. ADDRESS 3900 I	och Raven Bou	levard
ELLIS S. CAPIAN,	MD DEGREE		ore, Maryland	
A. SURIAL CREMATION, 24B. DATE 24C. N REMOVAL (Specily)	AME of CEMETERY OF CREE			, town, or county) (State)
D . 3   d/3 d/ma   -	udon Natl. (	Sem. Ba	ltimore Wi	
	OF REGISTRAR	25C. FUNERAL DIRECTO	ltimore, Md	ADDRESS
AUG 17 1970 Pole & E. Jak	Ben M.D.		Ruck Inc.,	



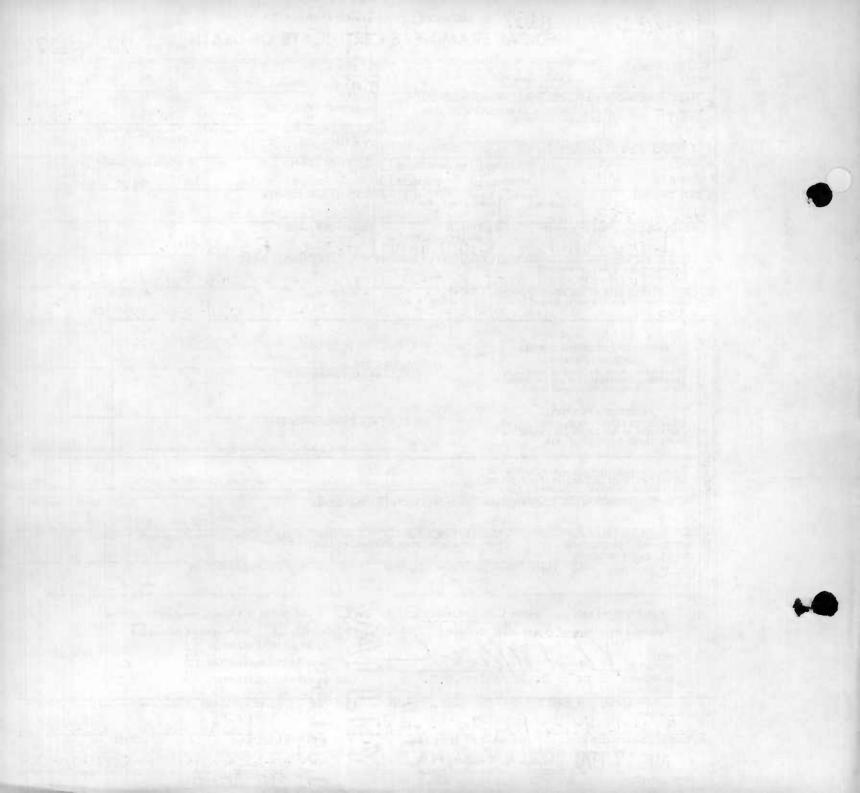
11	1012.			BALTIMORE CITY	HEALTH DEPARTMEN	Т	which	
	TH NO.	J 815	)5	CERTIFICA	TE OF DEAT	H REG. NO	o. 70	8155
	pe or Print)	TACO	180	2	2. DAT	AND HOUR OF DE	11970	1215 0.
3.	PLACE IN BALTIMORE MARY	AND, WHERE	PRONOL	INCED DEAD	4. USUAL RESIDENCE	Where decessed lived	. If institution; re	sidence before admission)
II H	STITUTION			UTION, GIVE STREET	C. CITY OF TOWN	ed Ba	HMON.	e-2740
1	Levindale to	felve	0/	Tome and	Baltono	ore	YES	NO 🗌
V	Infirmary					PXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
	FEMALL (XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXX WID	OWED		9/2/16	9. AGE (In yeons lost birthdoy)	3 II Under	Doys Hours Min.
dor	LUSUAL OCCUPATION Give kine during most of working life, even HOUSEWIFE	if retired)		HOME	RUSSIA	loreign country!	12. CITI	USA
13.	FATHER'S NAME				14. MOTHER'S MAIDEN	NAME		
	JOSEPH BANDES				UNKNOWN			
15. (Ye	Was Deceased Ever in U. S. A s.no or unknown! (If yes, give wo	med forces?	ervice)	6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS
	NO			NO.	MRS. RUTH PO	LLARD, 2803	TANEY R	D. #9
	DISEASE OR CONDIT		Y	CAUSE OF DEATH		100	ŧ	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	(This does not mean the r heart failure, asthenia, etc. I injury ar complication which	node of dying t means the d	isease.	(A) IMMEDIATE CAU DUE TO, OR AS	SE A CONSEQUENCE OF:	VH		***************************************
	ANTECEDENT	CAUSES		(a) Artel	ioschenosti	( PRADIO)	12 ccop	-diedde
	DISEASES OR CONDITION	e (A) slotin		DUE TO, OR AS	A CONSEQUENCE OF:			noomoous features de
NOTI	OTHER SIGNIFICANT CONDITION THE DEATH BUT NOT RELA	TED TO THE TER	MINAL					
ERTIFICATION	DISEASE OR CONDITION GIVE	9B. CONDITION VAS PERFORME	FOR W	HICH OPERATION	20A. AUTOPSY? (Yes. o	No) 208, IF YES, Y	VERE FINDINGS CAUSES OF E	CONSIDERED DEATH?
CAL C	21A. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE DEATH Inclify medical examine	LYING TO	21 B. hame etc.)	PLACE OF INJURY (e.g., In b, form, foctory, street, off	or obout 21 C. WHERE DI	D (If In Bo	llimore City, give	e exoct location!
MEDI	21 D. TIME (Month) (Doy) OF INJURY IAPPROX.)	(Yearl 1Hou		INJURY OCCURRED  Not White At Work		INJURY OCCUR?	,	
	22. I certify that 🍎 (this i that 🍎 (we) last saw the c	aspital) atte	nded th	e deceased from 14	100		3 AU	h occurred an the date
	ond hour and fram the caus						opinian aeot	n occurred an the dale
1	Z3A. SIGNATURE		0			1 - 1 -	23B. DAT	SIGNED
1	moris 1	Mel	My		nding Med.	Stoff Phys.	181	Hagin + 107
	23C. PHYSICIAN'S NAME ITYPE	Osto	off	M)	Lorndill	Helven	Homed	Byshnaey
24 <i>A</i>	EMAYAL (Specify)	13-70		ME OF CEMETERY OF CRES		D. LOCATION	ICity, town, or	
25/	A DATE REC'D BY HEALTH DE			ENMOUNT CREMA	25C. FUNERAL DIREC	BALTIMORE,		ADDRESS TERSTOWN ROAD
VS	150-REV. 1/1/68							



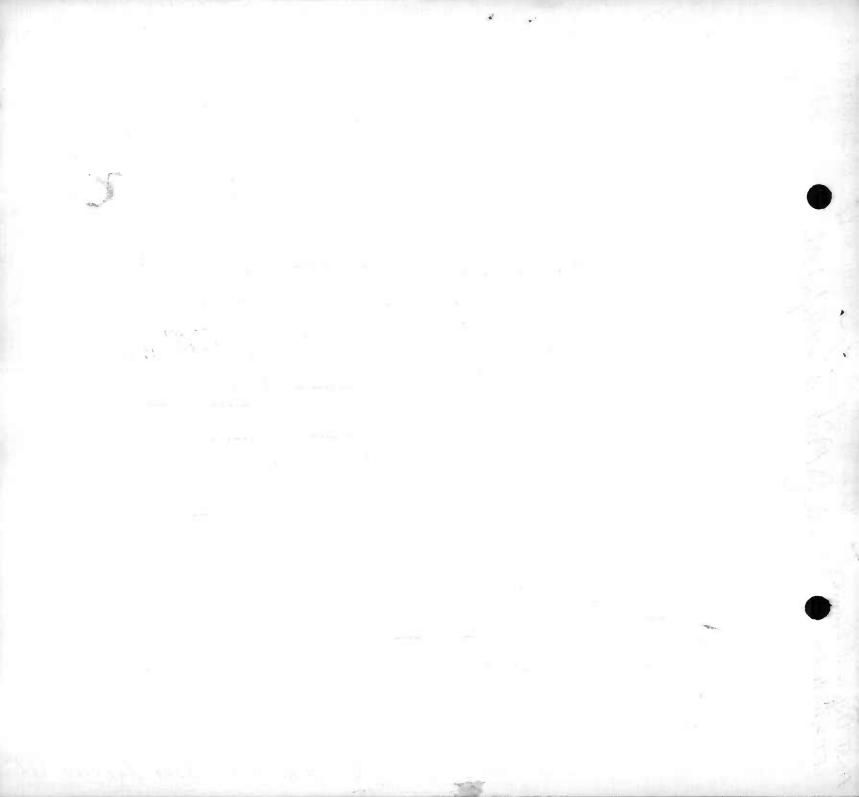
4-500 70 8156		HEALTH DEPARTMENT	70 0150
BIRTH NO.	CERTIFICA	TE OF DEATH REG. NO	. 10 8136
1. NAME OF DECEASED 1Type or Printl BERTHOLD L	AMM	2. Date and hour of DE	1 4 . 15 A.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Where deceased lived.	If institution: residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION  (IF NOT IN HOSPITAL OR INSTITUTION)	UTION, GIVE STREET	MI	INSIDE CITY LIMITS?
27/1. 1 -1		Balt.	YES NO
I Mercy Lospilal		E. STREET AND NUMBER	Te Bult . 4 ).
5. SEX  ALE  6. RACE  HITE  7. MARRIED  WIDOWED		8. DATE OF BIRTH 9. AGE (in years lost birthday)	Months Days Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF done during most of working life, even if retired)  CLOTHING  MANUFA		11. BIRTHPLACE (Slole or foreign country)	12 CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	to Total	14. MOTHER'S MAIDEN NAME	John
(XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	PXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	UNKNOWN
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. 218-32-2055	17. INFORMANT MR. FRANK B. DOI	UGHERTY ADDRESS E. OLIVER ST. #13
18. 4 / 0 / 1	CAUSE OF DEAT		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		2	BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not meen the made of dying, e.g.,	(A) IMMEDIATE CAU		1
heart foilure, osthenio, etc. It means the disease	DUE TO, OR AS	A CONSEQUENCE OF:	***************************************
injury or camplication which coused deoth.)	0 1	- 01 1 1	
ANTECEDENT CAUSES	(B) Circiste	of ht failed physical	lindataction
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the	DUE 10, OR AS	A CONSEQUENCE OF:	
UNDERLYING CONDITION lost.	(c) lytheres	elesope cardio cras culas	desci.
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR W WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 121B.	HICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
	PLACE OF INJURY (e.g., in b, form, foctory, street, off		imore City, give exect location)
O 21D. TIME (Month) (Day) (Year) [Hourd 215.	INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.) Whit	Not While		
22. I certify that (I) (this hospital) attended th	AT WORK		
that (i) (we) last saw the deceased alive on	8/12/	19 7 and that in(my) (aur)	opinion death accurred an the date
and hour and from the causes stated abave. (1)	(We) (did) (did not) vi	ew the bady after death.	
23A. SIGNATURE	Dham	ding Med. Staff	23B. DATE SIGNED
23C. PHYSICIAN'S NAME IType) XXI K LW	12	3D. ADDRESS  MORCA (Lospila	1
4A. BURIAL CREMATION, 24B. DATE 24C. NA	ME of CEMETERY OF CRE		(State)
	BREW FRIENDSHI	P BALTIMORE, MA	RYLAND
AUG 17 1970 Robert E. January	REGISTRAR	25C. FUNERAL DIRECTOR SOL LEVINSON & BROS., 60	ADDRESS
S 150, BEV 1/1/40		Lan 22,12112 All 4 211028 100	

THE REST CO. LEWIS CO., LAND S. L. P. L. L. L. L.

VS 151-REV. 1/1/68



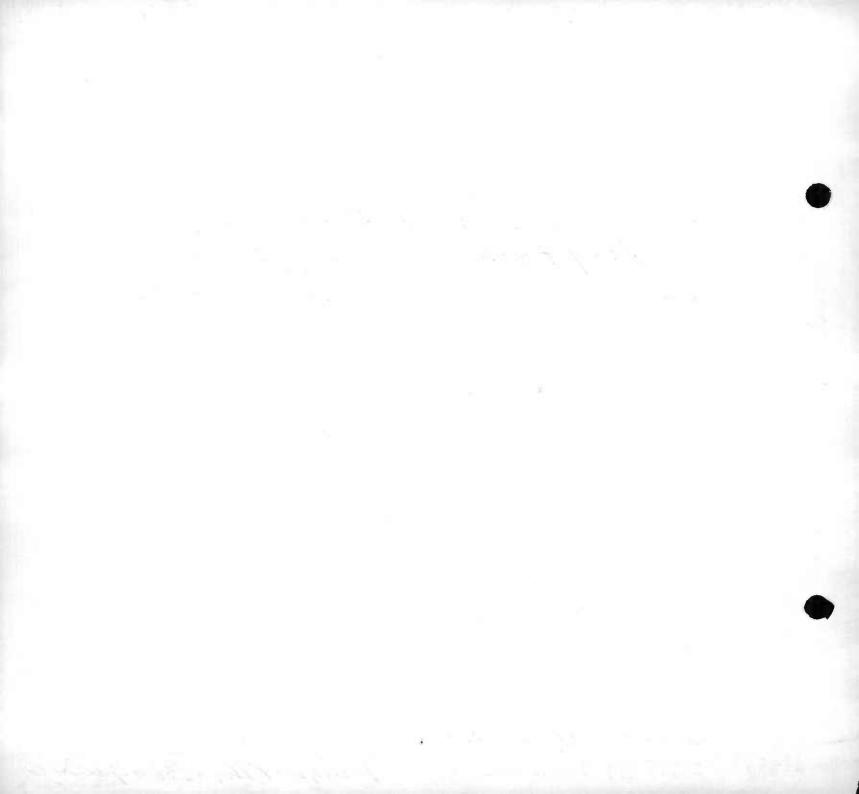
	BALTIMORE CITY HEALTH DEPARTMENT	
M Biber	70 8158 CERTIFICATE OF DEATH REG. NO. 70 8158	_
an an the the	1. NAME OF DECEASED (Type or Print)  2. DATE AND HOUR OF DEATH	
- D 00 C .	EDNA L. HOLLING-SWORTH 12 AUG- 70 5.20	244
# - in o o o o	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admissing A. STATE  B. COUNTY	on)
(AW) then B.W. a hospital cause of d se; (5) Dece andance on to death.	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET  INSTITUTION  (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET  OC. CITY OR TOWN  D. INSIDE CITY LIMITS?	/
ט פ ני	UNION MEMORIAL HOSPITAL BALTIMURE YES X NO	
in a second	E. STREET AND NUMBER	
A grand	3333 N. CHARUES ST., APT. #110	
ad in its ba	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years lit Under 1 %. If Under 24 in years light birthday) Manths; Doys Hours; Min.	rs.
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dical ical ical ical was	DIABETES MELLITUS, MILD, NOT ON AYPOGLYCOMICS	
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2 37000000000000000000000000000000000000	IIMI W HVO / W HIP FRACTURE YES	_
コードキーのといる	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY le.g., in or about 21C. WHERE DID home, form, lociory, street, office bldg., INJURY OCCUR? APT #110	2
Z Z A E E E Z P	1191 1 TOME 1 27773 N.CHARUZS 21, DACCIMORE	
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00 3-E 0-2	(APPROXI) JULY 29 70 AM While AT   Not While AT SWER DOOR BECOME & DOY AND FALLEN	4 -
rat y x pd	22. I certify that (t) (this heapitel) attended the deceased from 29 JUY 19 70 to 12 AUG 19 70	
do b	22. I certify that (t) (this hespitel) attended the deceased from 29 JUM 19 70 to 12 AUG- 19 70 that (t) (two) last saw the deceased alive an 12 AUG- 19 70 and that in (my) (each opinion death occurred on the deceased of t	
M	and hour and from the causes stoted above. (1) (We) (did) (did not) view the body ofter death.	110
ust be assed dent ospit deat	23A. SIGNATURE 23B. DATE SIGNED	_
S. S. S. S. S. S. S. S. S. S. S. S. S. S		
7 7 5000 50	BINICULULU N.D., Affending Med. Stoff Director Phys. 12 AUG 1970	_
S and S or	23C. PHYSICIAN'S NAME (Type)  23D. ADDRESS	
HSI HSI HSI HSI HSI HA at approv	OEGREE UNION MEMORIAL HOSPITAL	
7 7 7 7 7 7 7	24A, BURIAL CREMATION, 24B, DATE 24C, NAME of CEMETERY OF CREMATOR 24D, LOCATION (City, lown, or county) M (Sipte)	
P. S.	DURINL 8-13-10 FRIENDS CEMELERY (BAL18)	
F.T. F. This cer the bod shows: was D.C decease written	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR! 125C. FUNERAL DIRECTOR	Γ,
This show	AUG 17 1970 Robert E. Jarber, M.D., 25C. FUNERAL DIRECTOR 8802 Har For I	~
*	VS 150-REV. 1/1/68	=

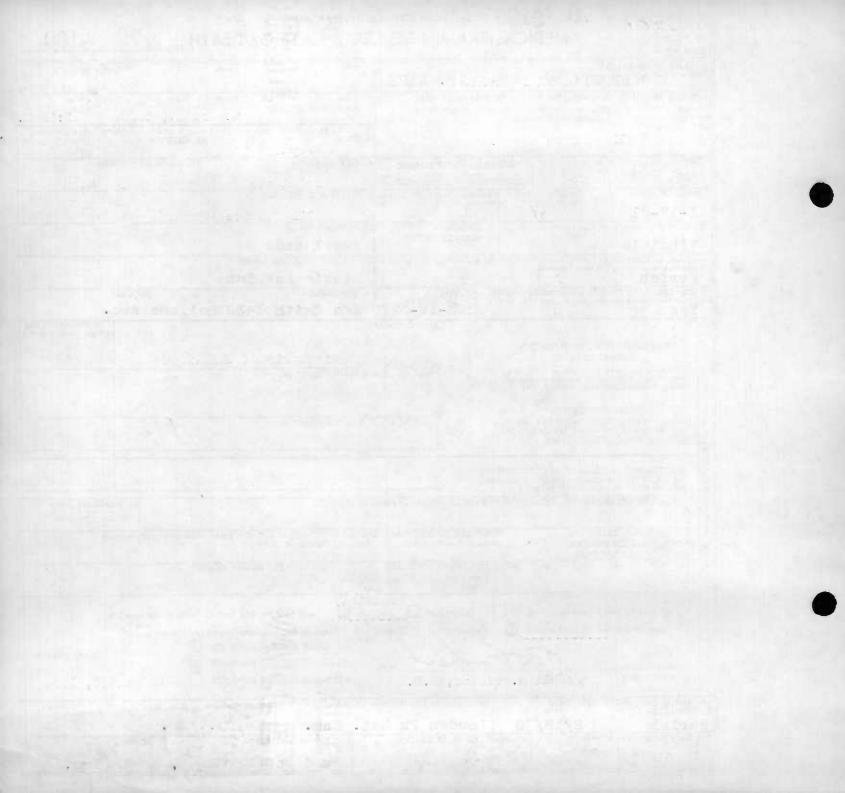


IMPORTANT

DIRECTOR:

FUNERAL



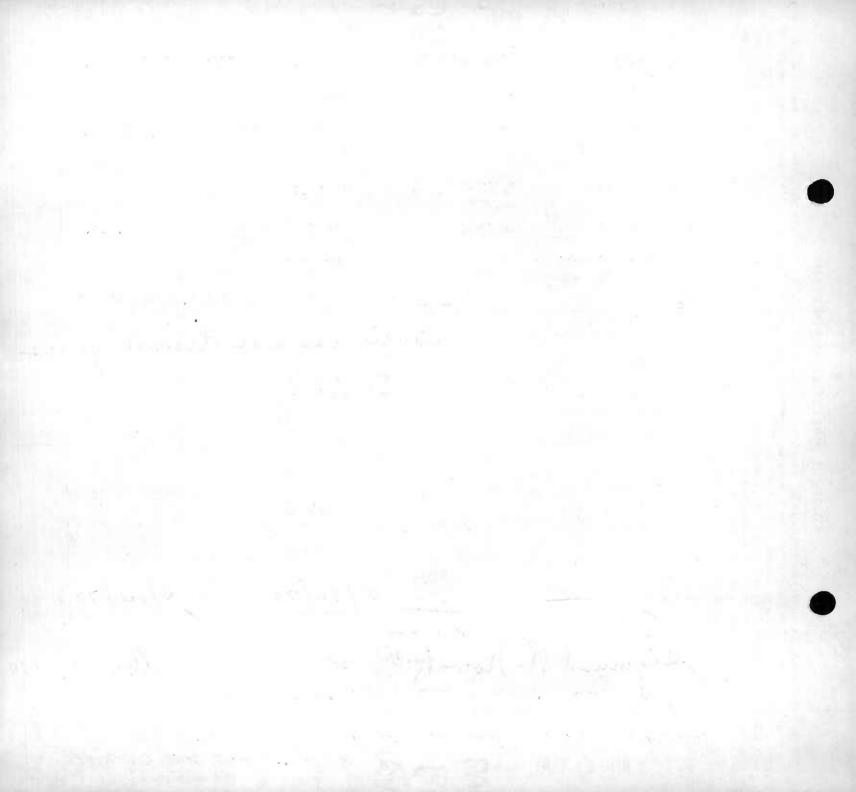


FUNERAL DIRECTOR: IMPORTANT

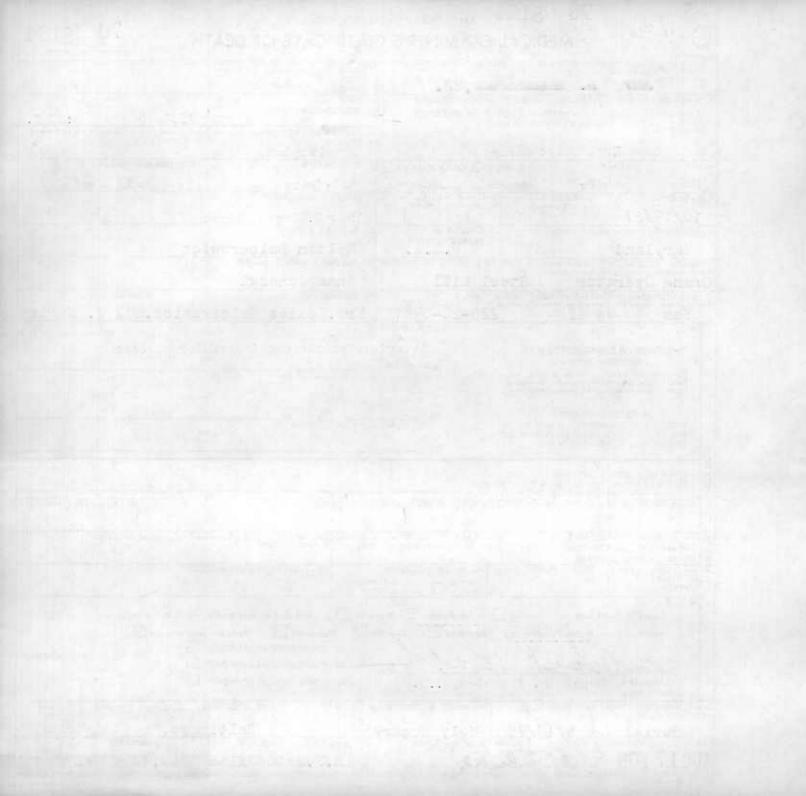
1		Y HEALTH DEPARTMENT	0 8161					
1.1	IAME OF DECEASED	ATE OF DEATH REG. NO						
117	pe or Print) ANNIE MCKILLI	8/12/70	1/2'25 D.					
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, if institution:	residence before admission					
HO	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY	808 UMITS?					
12	EHURCH Home - HOSpital	BALTIMORE YES						
	BROAdway & FAGETTE St. (31)	1243 N. BOND STREET	et 21231					
5.	Vegroe Female WIDOWED DIVORCED	1/26/00 70	ler 1 Yr. If Under 24 Hrs. Doys Hours Min.					
t0A don	. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY e during most of working life, even if retired)		TZEN OF WHAT COUNTRY					
12	House wite		.S.A.					
	James Caldwell	14. MOTHER'S MAIDEN NAME						
15.	Was Doceased Ever in U. S. Armed Forces? 116. SOCIAL	JARA 17. INFORMANT	ADDRESS					
(16:	, no or unknown) (If yes, give wor or dolos of service)  SECURITY NO.  911-18-3024	JAMES McLIlly 906 E 2						
	DISEASE OR CONDITION DIRECTLY	н	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
	LEADING TO DEATH	USELARDIO-RESPIRATORY ARREST.	15 min					
	heod failure, ashenia, etc. It means the disease.	A CONSEQUENCE OF:						
	injury or complication which caused death.)  ANTECEDENT CAUSES  ACCUS	CVA and Stord Provide						
	DISEASES OR CONDITIONS, il any, giving  (B) // 12 (V )  DUE TO, OR AS	CVA and Staph, Pnemouin.	UNKNOWN					
	rise to the obove cause (A) sloting the UNDERLYING CONDITION tast. (C) Diab	etes Mellitus	UNKNOWN					
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  HYPERTE	NSION AND ULCER RT LEG (STAPH.INF.)	UNKNOWN					
CERTIFICATION	194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDING IN CERTIFYING CAUSES OF	S CONSIDERED DEATH?					
AL	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., incomp., form, foctory, street, of etc.)	n of about 21C. WHERE DID (If in Boltimore City, gl	ve exoct location)					
	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Not While At Wark							
	22. I certify that (1) (this hospital) ottended the deceased from	7: 24. 19 70 to 8	. 13 19 70					
	that (#) (we) last saw the deceased olive on 8 + 13 19.70 and that in (my) (our) apinion deoth occurred on the date							
	and hour and from the causes stated obave. (4) (We) (did) ( <del>did not</del> ) view the body ofter death.							
-	Rustum. Isani M.D. Atter	nding Med. The Staff To	8. 13.70					
	PANE (Type) RUSTUM TRANT M.D.	CHURCH HOME AND HOSE	ITAL MD.					
24A	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION (City, town,						
	BUILL 8/17/70 Mt. Calvary	cem. Anne Arunde	1 ct. Ma					
25A	DATE REC'D BY HEALTH DEEL 258 NAME OF REGISTRAS		ADDRESS					
25A	AUG 1 1970 John 258. NAME OF REGISTRAR  SO-REV. 1/1/68	25C. FUNERAL DIRECTOR W/M MARCH 928 E.	ADDRESS					





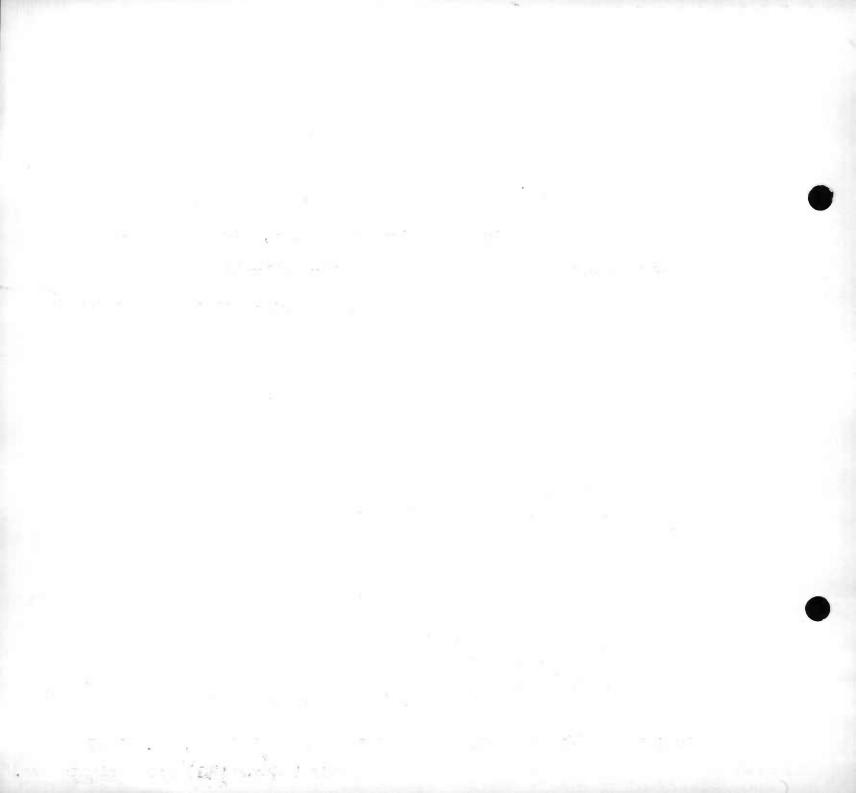


VS 151-REV, 1/1/68



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	and eatl ase th th	I.NA	ME OF DECEA	ASED				E AND HOUR OF DEAT		
	B 0 0 5 .	,,	01 1111111	JOH	IN THROWE	R	8.	-13-70	1 7:55 PN	4
	+ + 0 -	3. PL	ACE IN BALTI	MORE MARYLAND,	WHERE PRONOLING	ED DEAD	14. USUAL RESIDENCE	(Where deceased lived II	f institution; residence before adm	M.
	in a hospi ng cause o cause; (5) D attendance ior to deat					JED DEAD	A. STATE 8. C	OUNTY	institution; residence peroro ode	nission
	hos ise (5) de	FULL	NAME OF	UF NOT IN HOSE	TAL OR INSTITUTIO	N. GIVE STREET	MARYLAND	ı	771	6
	4 5 b	HOSI	PITAL OR	ADDRESS OR LO	PITAL OR INSTITUTIO		C. CITY OR TOWN	10.10	Noine Cincinness	6
	Se.	111311	1011011					I	NSIDE CITY LIMITS?	
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	0+0 - 00						4535 PIML	.ICO ROAD		
	ned ned lar d pr	5. SE)	K  6	RACE	7. MADDIED TO	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	1 M 11-2-1 V 1/11	
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	te te	10A, U	SUAL OCCUP	ATION (Give kind of we	ork 108 KIND OF 8U	SINESS OR INDUSTRY	11. SIRTHPLACE (Slote of	foreign country)	12. CITIZEN OF WHAT CO	UNTRYP
	nt if death direct or c ; (4) Undet th was in on the decc disposition			rking life, even if retired						
	9 0 L . P . E	M	esseng	er	Warehou	18 e	Lancaster	South Con	107 100	
	de con Contraction de contraction de	13. FA	THER'S NAME				Lancaster	NAME	OTITIES.	
	# 6 € ¥ £ g		<b>M</b> 3				LHC U		4	
===	## X = ##		Thomas	Thrower			Ada Alex	rander		
5		15. W	os Deceased E	ver in U. S. Armed F I yes, give wor ar do	orees? 16.	SOCIAL	17. INFORMANT	10011001	ADDRESS	
2	st e e e e		No	i yes, give wor at so		SECURITY NO.				
~	the the kind dea nce final		MA	0	248	26 8469	Minnie Thr	ower 4535	Pimlico Road	
/70 IMPORTAN	B 4 200	18	3. 4	671	>-'	CAUSE OF DEAT	Н		APPROXIMATE INTE	ERVAL
0	N O O E		DISEASE	OR CONDITION D	IDECTI V	N N			BETWEEN ONSET AND	DEATH
( Z	of of the period			ADING TO DEATH		J <sup>2</sup>	Bos	1 4	A-   -	
8	Also noun atte	la		meon the mode of	- As-	(A) IMMEDIATE CAL	ISE I Spera	mory (Arres	5m	r
H		l lb	earl lailure, os	lhenia, etc. 11 meon	s the disease.	DUE TO, OR AS	A CONSEQUENCE OF:			
8	Parte	ir	ijury ar campli	icalion which cause	ed death.) 🕰 👊	3 3	0		1	
	miner. fractu o pro gular emba		AN	TECEDENT CAUSE	1/8 2	W 5	Cerebellar	le l	246.	
5	7 E . E 0 -	-			No.	(B)	anguaren	runcalin	- City	
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	5 5 C		TIDERETHIO (	COMBINON JUST	154	(C)	****************			
	medical medical burns; physicia an was	_		11	E	0				
A A	o Z Z C G o	6 0	THER SIGNIFIC	ANT CONDITIONS CO	ONTRIBUTING	A Li				
		ATION	SEASE OF CON	BUT NOT RELATED TO	THE TERMINAL	/)=				
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·Z	chie Body the ysic	<b>       </b>	7	WAS PE	RFORMED THE SALE		VES	IN CERTIFYING	E FINDINGS CONSIDERED	
≥ 5	by by 2) Bore the physicore t	E	A A COLD THE							
Li.	re ph	. 0	R CONTRIBUTI	NOT CAUSE OF	21 B. PLA	CE OF INJURY (e.g., in	or obout 21.C. WHERE DI	D (If In Bollim	nore City, give exect location)	
BY	be che	A DI	EATH (notify m	edical examined	etc.)	and recionly succes or	ico ologo ilasoki occo	N.		
	A NA	15 2	D TIME (1	Acatha (D. ) (V	111 1 200					
A	ed by the hospital lature; (spt when (6) No ined bed	W W	FINJURY	Months (Doys (Leon		URY OCCURRED		INJURY OCCUR?		
MED	hosp natur ept w d (6)	< (A	(PPROX.)		White A	Not While				
N	00 2 2 2 4	000		445.4.4.					OI.	7
Z		22	. I certity th	ot (1) (this hospita	ol) ottended the d	eceased fram	8/10	19	0//5 19_	10
NO	T 00	th	at (1) (we) to	st saw the deceas	ed alive on	0//3	19 20 on	d that in (my) (que) a	pinion deoth occurred on th	a data
H	0 2 5 7							- 1101 111 (111) (001) 0	printed decin occurred on th	6 0019
S	deat				ored obave. (1) (m	e) (did) (did not) v	lew the body ofter dec	th.		
A	ust eass ide nos de mu	23.	A. SIGNATURE						238. DATE SIGNED	
0			- Mu	hall A /	Mune /		ding Med.	Shoff	1/13/20	
国	E 0 5 m + 0	23	C. PHYSICIAN		- Court	DEGREE Phys		Phys. L.2	01/1/10	
S	S to o	1.3	NAME (Type	A.	. A 4		3D. ADDRESS		Hennis	
A	was r An a L at prior			DF	R. MICHAE	L A MERSE	N THE JOH	NS HOPKINS	HOSPITAL	
RELEASED	y was r y was r 1) An a 3.A. at d prior	24A, B	URIAL CREMA	TION 248 DATE		of CEMETERY OF CRE			C'i	
臣	F4-00 5	1	REMOVAL (Spe	cify)	ZAM. HAME	- SUPPLEIENT OF CRE	241	LOCATION (	City, town, or county) (SI	tote)
R	This certif the body shows: (1) was D.O.A deceased	B	urial	8/78/	70 Whit	e Oak Meth	a. Cem.	encester	Con Al	
	is co	25A. D	ATE REC'D BY	HEALTH DEPT.	258 NAME OF RE	GISTRAR	25C. FUNERAL DIREC	ancaster,	South Carolin	
	This the show was dece	1		8110 - N				"	VADVESS	
				AUG 17 197	n Degg	20	Lewis T G	wnn 4517	Park Heighte	leza
		VS 150	D-REV. 1/1/68			Middley, M. B.		111		-

VS 150-REV. 1/1/68



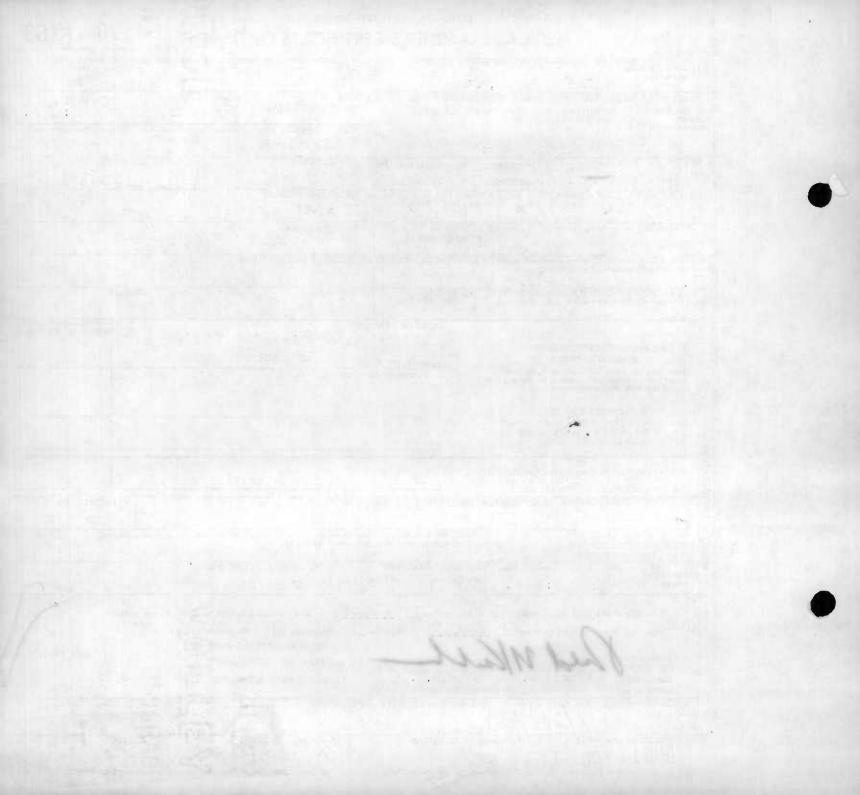
IMPORTANT

DIRECTOR:

FUNERAL

Lames while

	CERTIFICATE OF DEATH REG. NO. 70 8168									
BIRTH NO.										
1. NAME OF DECEASED (Type or Print)  CHARLES WILLIAMS, JR	2. DATE Known Month Doy Year Mour OF Estimoted Mour M.									
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Year Hour									
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  OR INSTITUTION	PRONOUNCED DEAD August 15, 1970 3:05 A.M.  5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)									
33 JOHNS HOPKINS Hospital	A. STATE Maryland B. COUNTY									
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?									
Male Negro WIDOWED DIVORCED	Baltimore YES NO									
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. II Under 24 Hrs lost birthdoy) Months Days Hours Min	1308 Wilcox Street									
11. BIRTHPLACE(State or foreign country)  12. CITIZEN OF WHAT COUNTRY?	- Charles Williams SV.									
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRI done during most of working lile, even if settred)	TY 15. MOTHER'S MAIDEN NAME									
16. WAS DECEASED EVER IN D.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dates of service)  17. SOCIAL SECURITY NO.	18. INFORMANT 4/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1									
IA. CAUSE OF DE	APPROXIMATE INTERVAL									
Smoke	BETWEEN ONSET AND DEATH									
DISEASE OR CONDITION DIRECTLY	Confloanation									
LEADING TO DEATH  (A)IMMEDIATE										
heart toilure, osthenio, etc. It means the disease,	AS A CONSEQUENCE OF:									
Injury or camplication which caused deoth.)										
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (8)	AS A CONSEQUENCE OF:									
Z ONDERLING CONDITION EAST. (C)										
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V	Metamorphosis of Liver									
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V	VAS PERFORMED 21. AUTOPSY? (Yes or No) yes									
ZZA. EXTERNAL CAUSE WAS   228. PLACE OF INJURY (e.g.	, in or about 22C, WHERE DID (II in Boltimore City, give exact location)									
UNDERLYING MOR CONTRIB.   home, form, foctory, street, off	1308 Wilcox Street									
UTING CAUSE OF DEATH.  22D. TIME (Mogth) (Doy) (Year) (Hour) 22E.INJURY OCCURRED										
OF INJURY	TWHILE Conflagration									
23.	utopsy Ond that on this basis, death in my opinion									
resulted from: A tural couses Accident Suici										
V / 1 / / . /	CHIEF MEDICAL EXAMINER									
ACTUAL / 6.0 of ///	ASSISTANT MEDICAL EXAMINER									
SIGNATURE Ronald N. Kornblum, M.D.	D. 0/15/70									
examiner's Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER									
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER	or CREMATORY 24D. LOCATION (City, town, or county) (Stole)									
25% DATE REC'D BY HEALTH DEPT.   258. NAME OF REGISTRAR	25C, FUNERAL DIRECTOR ADDRESS									
ALIO 4 N	Bush & Claden -1129 M Carda									
VS 151-REV. 1/1/68	V V									

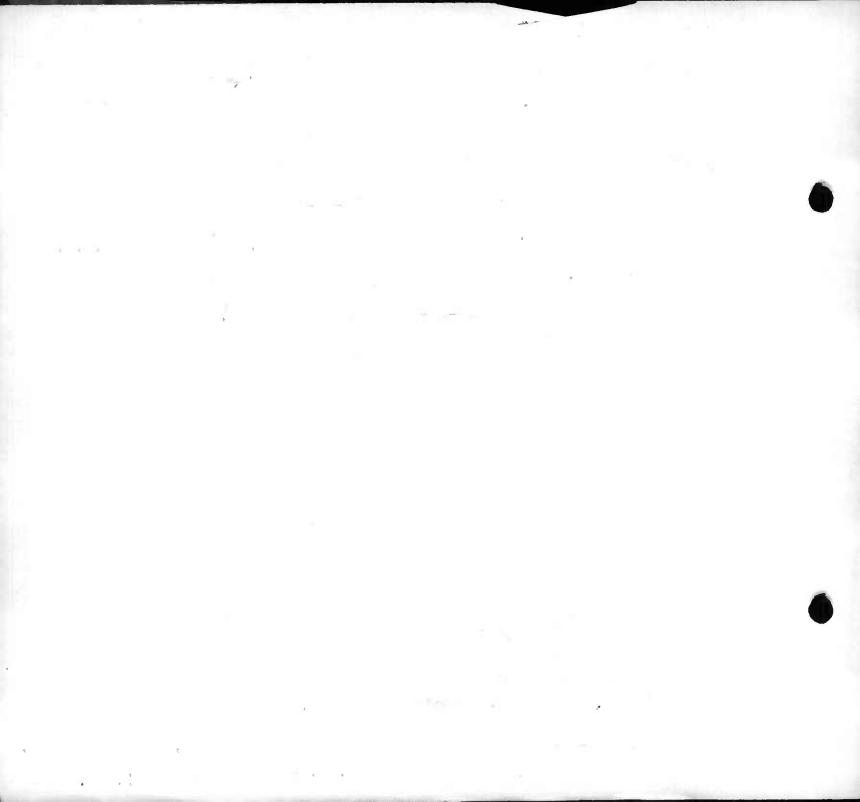


FUNERAL DIRECTOR: IMPORTANT

1816 ch: 110n st.

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	-250 J-81	//	TE OF DEATH	REG. NO	70 8170
(T)	NAME OF DECEASED	1	2. DATE AND	HOUR OF DEATH	
1	lary Almeda (Meda La	wson	Aug.	12, 1970	1 8:30 P
3.	PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived if ins	stitution: residence before admission)
	ILL NAME OF (IF NOT IN HOSPITAL OR	INSTITUTION, GIVE STREET	Maryland	•	10111
III II	OSPITAL OR ADDRESS OR LOCATION	MONTH ON THE STREET	C. CITY OR TOWN	D INICIE	DE CITY LIMITS?
ll'	•		Baltimore	D. HASIL	
	Edgewood Nursin	or Home	E. STREET AND NUMBER		YES NO NO
1		R 1101118	3939 Roland	Avenue	
5.	SEX 6. RACE 7. MA	ARRIED NEVER MARRIED			II Under 1 Yr If Under 24 Hrs.
F	10.	OWED DIVORCED	7270 7000	AGE (In years	Months Doys Hours Min.
10/	USUAL OCCUPATION (Give kind of work 108, K	IND OF BUSINESS OR INDUSTRY	12-10-1888	81	
do	in dering most or appoint the facility if leited!			n country)	12. CITIZEN OF WHAT COUNTRY?
-		State Unemploy	ment "Ga.	010,	U.S.A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	U.D.A.
	Robert N. Lawse	on	Manda	Wyatt	
15.	Was Deceased Ever in U. S. Armed Forces? s,no or unknown! (If yes, give wor or doles of se	16. SOCIAL	17. INFORMANT	wyatt	ADDRESS
(Te		A			
_	No	212-14-1666	Miss Dorothy	W. Lawson	n 417 Southway
	18. 446. 41	CAUSE OF DEATH			APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY	f	SE Conbrol oil	to in the	BETWEEN ONSET AND BEATH
	(This does not mean the mode of dying,	(A) IMMEDIATE CAU		MICOSOU	5 6 mg
	heart latture, asthenia, etc. It means the di	Sease.	CONSEQUENCE OF:		
	injury at complication which caused death.	)	to a o	/ /	
	ANTECEDENT CAUSES	/p\	temporal c	or con des	6 mes
	DISEASES OR CONDITIONS, if any,	giving DUE TO, OR AS	A CONSEQUENCE OF:	***************************************	
	rise to the above cause (A) stating UNDERLYING CONDITION (ast.	ine ine			
	CONDITION Idst	(c)			
Z	OTHER SIGNIEIGANT CONDITIONS	T1.40			
5	OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO THE TERM	IING			
CERTIFICATION	DISEASE OR CONDITION GIVEN IN PART 1 (A).	*****************	1204		
TIF	WAS PERFORME	D WHICH OFERATION		IN CERTIFYING CAUS	NDINGS CONSIDERED
CER	21A- ACCIDENT WAS UNDERLYING	218 BLACE OF MULICIPAL - 1	NO		
-	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, off	or obout 21 C. WHERE DID	(If In Baltimore	City, give exect location)
IC/	DEATH Inotify medical examined	eich			
MEDICAL	21D-TIME (Month) (Doyl (Year) (Houd	21E INJURY OCCURRED	21F. HOW DID INJUR	Y OCCUR?	
2	(APPROX.)	While At Not While			
	22. I certify that (1) (this hospital) atten				
				7º 10 (C)	1 /
- 1	that (1) (we) last sow the deceased allve		19ond that	in (my) (aur) apini	an deoth accurred an the date
	and hour and fram the causes stated abo	(1) (We) (did) (did nat) vi	ew the bady ofter death.		
	23A. SIGNATURE			2	23B, DATE SIGNED
	Hou- X Com		ding Med. Sk	off ys.	8/14/70
	23C. PHYSICIAN'S NAME (Type)	DEGREE Phys.	Director Phr	ys. LJ	0/19/1
	NAME (Type) Dr. Francis			les Street	t.
244		DECREE		TOD DOTEC	٠٠٠
447	REMOVAL (Specify) 248, DATE 2	4C. NAME OF CEMETERY OF CREA	AATORY 24D. LOC	ATION (City.	town, or county) (State)
(	remation 8-15-1970	Green Mount	Ba	ltimore,	Md.
		ME OF REGISTRAR			ADDRESS
		Ber RD	H. 4905 Yor	ns_& Sons	Co. Md 21212
/S 1	50-REV. 1/1/68		1 4702 10I	k nead ba.	lto:, Md. 21212

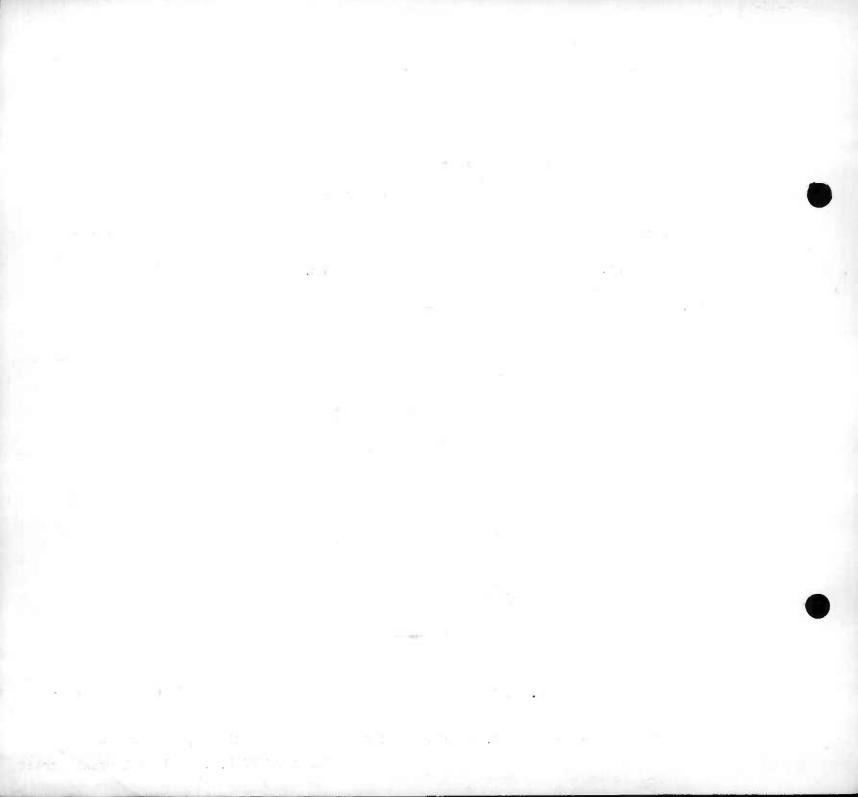


G-456 70 8171

02.2	BALTIMORE CITY HEALTH DEPARTMENT	

3-456		BALTIMORE CITY HE					70	017	4
	EDICAL	EXAMINER'S	CERTIFIC	CATE OF	DEATH	REG. NO.	.,,,	011.	1
NAME OF DECEASED			2. DATE	Known X	Month	Day	Year	Hour	
Type or Print) Marion (	lilmore		OF DEATH	Estimated		- Cuy	1001	Printer	
. PLACE IN BALTIMORE, MARYLAN		RONOUNCED DEAD	3. DATE		Month	Day	Yeor	Hour	М.
ULL NAME OF (IF NOT IN HO IOSPITAL ADDRESS OR L	SPITAL OR INS	TITUTION, GIVE STREET		NCED DEAD	8	10	70	11:35	Р м.
1515 N. Milton	a Ave.		A. STATE	SIDENCE (Where Laryland		d. Il institution COUNTY	residence b	Pelore admissi	on)
. SEX 7. RACE	8. MARR	HED NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CI	TY LIMITS?		
female colored	WIDOW	VED DIVORCED		Baltimore		Y	s 🗵	NO 🗆	
DATE OF BIRTH 10.AG	E (In years thday) 35	If Under 1 Yr. II Under 24 Hrs. Manths   Days   Hours   Min.	E. STREET A	ND NUMBER					
				1509 N.	Miltor	Ave.			
1. BIRTHPLACE (State or fareign count		12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S	NAME				100	
Durham, North Carol		WHAT COUNTRY?	Joh	nnie Covi	ngton				
AA.USUAL OCCUPATION (Give kind of one during mast of working life, even if reti	red)		15. MOTHER	'S MAIDEN NAM	AE .	2011			
Supervisor		h Charles Hosp.		n William	าร				
s. WAS DECEASED EVER IN U.S. AR	MED FORCES of service	17. SOCIAL SECURITY NO.	18. INFORM	ANT		AI	种管头an	dria,	Va.
No.				n E. Covi	ngton	814	Queen	Stree	t
19. = 9631 X		CAUSE OF DEA	TH					ROXIMATE INTE	
DISEASE OR CONDITION									
(This does not meen the mode of		(A)IMMEDIATE C		nual stra	ngulati	on			
heart foilure, asthenia, etc. It mean injury ar complication which couse	s the disease,	DUE TO, OR A	S A CONSEQU	ENCE OF:					
DISEASES OR CONDITIONS, IF		(8) DUE TO, OR	AS A CONSEO	HENCE OF					
RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	STATING THE	50E 10, 0K	AS A CONSEQ	DENCE OF:					
ONDEXCHING CONDITION LA	o1.	(c)						<del></del>	
OTHER SIGNIFICANT CONDITION	S CONTRIBILIT	ING						-	
DISEASE OR CONDITION GIVEN	N PART 1 (A).	INAL						<del>                                      </del>	
20A. DATE OF OPERATION 20B.	CONDITION	FOR WHICH OPERATION WA	S PERFORME	D			21. AUTO	SY? (Yes ar	No)
							yes		
UNDERLYING OR CONTRIB		22B. PLACE OF INJURY (e.g., home, farm, factory, street, ollice	In or obout 22 bldg., etc.) IN	C. WHERE DID (I	f in Saltimore	City, give exo	ct location)		
UTING CAUSE OF DEATH.		nouse		1515 N. M			83	3	
OF INJURY	Yeor) (Hour	WHILE AT NOT	) 22	F. HOW DID INJ	URY OCCUR	?			
(APPROX.) 8 10 70	?	m. WORK AT W	WHILE ORK	strangled					
I certify that I held an	Inquiry [	Inspection Aut	tapsy X	and that an th	is basis, d	eath In my	apinian		
resulted frant: Notural	causes .	Accident Suicid	Han	nicide K	Indetermine	d manner	3		
ACTUAL ALVILLA	11/2	11/	C	HIEF MEDICAL EX	KAMINER [			DAYE CLOSE	
SIGNATURE SIGNATURE	WIL	19 M.D.	ASSIS	ANT MEDICAL E	CAMINER [			DATE SIGNE	U
EXAMINER'S Werne	chief	Medical Examine	ASSOC	CIATE MEDICAL EX	CAMINER [		8	/11/70	
4A. BURIAL CREMATION, 24B. DATE EMOVAL (Specify)	E	24C. NAME of CEMETERY	ar CREMATOR	Y 24D. L	OCATION	(City, lown,	, or county)	(State)	
Burial 8-15	-70	Western Star	Camata	Ca	tonsvil	le.	Mary	land	
SA. DATE REC'D BY HEALTH DEPT.	258. N	AME OF REGISTRAR		NERAL DIRECTO			DDRESS		
AUG 17 1970 Rela		Bay M.D.		TON & DYE				ns Stre	et
5 151-REV, 1/1/68	2.17								==

7 resolute de la companya del companya del companya de la companya d THE SALVE TO THE S the term of the second of is a massi the period of the second of th



IMPORTANT

DIRECTOR:

FUNERAL

50-13-2 DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

JOSEPH STITH

8-13-70 8:22 A.

- 1 0

MARYLAND.

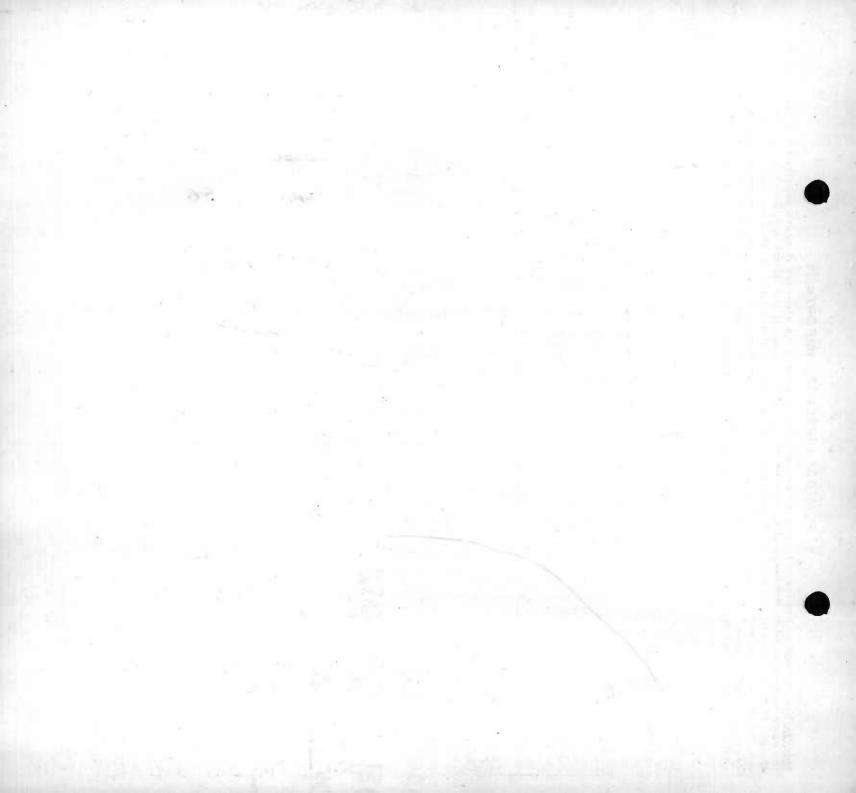
SINAI HOSPITAL OF BALTO, INC. BALTIMORE

2914 ULMAN AVE.

3-8-92 78

MALE NEGRO

VS 150-REV. 1/1/68

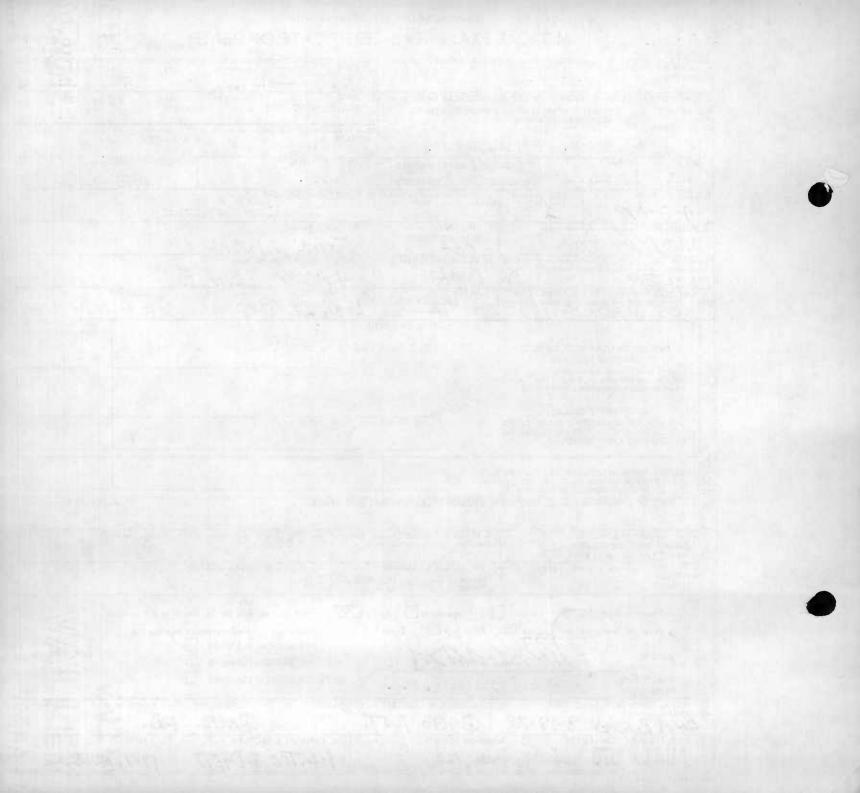


0		0 8	3176	BALTIMORE CITY HE	ALTH DEPA	RTMENT				
4-60	10	MED	ICAL F	EXAMINER'S			OF DEAT	Н	70	8176
BIRTH NO.		MILD	ICAL L			CATE	OI DEAI	REG. NO.		OTIO
I. NAME OF E		T 7774 377		DTOE :	2. DATE OF	Known		Doy	Yea	r Hour
100		LEXAND		RICE	DEATH	Estimote				A
				NOUNCED DEAD	3. DATE	JNCED DE	Month AD	Day	Yea	
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRE	SS OR LOCA	TIONS .	ursing Home)			Aug	ist*8, ]		7:10 P.
OK INSTITUTION					A. STATE			B. COUNTY	n: residen	ce before odmission)
7 7		Keywor	th Ave		C. CITY OR	Maryl	and	ID. INSIDE C	ITV HAAIT	0/1
6. SEX	7. RACE			NEVER MARRIED	C. CILI OX	101111				
Male 9. DATE OF B	Neg	IIO. AGE (In	WIDOWED	Under 1 Yr. II Under 24 Hrs.	E. STREET	Balti		<u> </u>	ES X	ио Ц
	IKIN	lost birthdo		onths Doys Hours Min.				A		
1/8/96 11 BIRTHRI AC	E(State or foreig	74	4 12	CITIZEN OF	13. FATHER		Keyworth A	Avenue		
III. BIRTHI LAC	L (Sidle of lotel)	, coomy,		WHAT COUNTRY?						
14A.USUAL OC	CUPATION (Give tof working life, ev	e kind of work en if retired)	14B. KIND O	F BUSINESS OR INDUSTR	15. MOTHE	R'S MAIDE	N NAME			
	ASED EVER IN			17. SOCIAL	18. INFOR	TANK		-	ADDRESS	
Yes, no or unkno	wn) (il yes, give v	rar or doles	of service)	SECURITY NO.	Awrite	. Т.	Purnell	Tranne	Md.	21673
19.	104	<u></u>		CAUSE OF DEA						APPROXIMATE INTERVAL
DISE	ASE OR COND	ITION DIRE	CTLY	Arterios	cleroti	c card	diovascula	r diseas	se	
	LEADING TO			(A)IMMEDIATE	CAUSE					
heart foil	es not meon the lure, asthenia, éto complication whi	. It means the	disease,	DUE TO, OR	AS A CONSEC	UEN CE OF				
	ANTECEDENT	CAUSES		(0)						
DISEASI			, GIVING	(B) DUE TO, OR	AS A CONSE	QUENCE O	F:			
UNDER	ES OR CONDITI THE ABOVE CA LYING CONDIT	ION LAST.	IING INE	(c)						
<u> </u>		Ш								
O TO THE	IGNIFICANT COI DEATH BUT NO OR CONDITION	RELATED TO	THE TERMINA	G AL						
20A. DATE				R WHICH OPERATION W	VAS PERFORM	MED			21. AL	JTOPSY? (Yes or No)
										No
UNDERLY	TERNAL CAUSE	TRIB-	221 hos	B. PLACE OF INJURY (e.g. me, farm, loctory, street, offi	, in or obout ice bldg., etc.)	NJURY OC	E DID (il in Boltimo CCUR?	ire City, give ex	act location	on)
≥ 220. TIM	E (Month) (	Doy) (Year	r) (Hour)	22E.INJURY OCCURRED		22F. HOW	DID INJURY OCC	UR?		
OF INJUR (APPROX.)	γ		m.	4 4 4 M M M M M M M M M M M M M M M M M	T WHILE WORK					
23.										
	certify that I h		printery.	Inspection DX A		-	at on this basis,			n
re	sulted fram: 1	latural cau	ses K	Accident Sulci	de 📙 H	omicide L		Ined manner		
ACTI	IAI O	1 1	0 11	0)			DICAL EXAMINER	<u></u> ₩		DATE SIGNED
SIGN	NATURE	wi	20.	Jacom.	D.					
NAM	ic (type)			ringate, M.D.			DICAL EXAMINER			9, 1970
24A. BURIAL C		248. DATE		24C. NAME of CEMETERY	or CREMAT	JRY	24D. LOCATION		vn, or cou	inty) (Stote)
Buria		3/17/		Baltimore 1	stion	FUNEDAL	Baltim	ore Ci	ty	Dol to of
25A. DATE RE	C'D BY HEALTH			Ben K.A.	25C.	tetso:	DIRECTOR Wil:	son 19]	LA KENS	Baltast
H ATH		Laber	DIC VA	Day, way	1	TITA	in Anul L	Koon		

VS 151-REV. 1/1/68

2 E unable to get prier address.

D-250 70 MEDICAL EXA	ALTIMORE CITY HEA			DEAT	H	חל	0177
BIRTH NO.					REG. NO		8111
1. NAME OF DECEASED		2. DATE	Known 🗌	Month	Day •	→ Year	Hour
Fred Dixon		OF DEATH	Estimoted 🖾	8.	14	70	11:10 a <sub>M.</sub>
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, ADDRESS OR LOCATION)	, GIVE STREET		NCED DEAD	Month 8	Day 14	70	11:10 a <sub>м.</sub>
OR INSTITUTION	- 1	5. USUAL RES	SIDENCE (Where	deceosed li	red. If Institution  B. COUNTY	residençe be	fore odmission)
520 N. Franklintow			1d		In manne ou	1	13/
6. SEX 7. RACE 8. MARRIED 1		C. CITY OR I			D. INSIDE CI		
male Negro WIDOWED	DIVORCED L	Balt			YE	s 🖺 N	
7-3-198   lost birthday)   Months	Doys Hours Min.	3	302 Allend	dale S	treet		
OHECTED ON WHI	ZEN OF AT COUNTRY?	13. FATHER'S	NAME FN DIX	ion			
14A.USUAL OCCUPATION (Give kind of work 148. KIND OF BUS done during most of working life, even if refired)	INESS OR INDUSTRY	15. MOTHER	S MAIDEN NAN	NE	-		
WELDER DRYDO	CR	167	NCY B	CHK	0		
(Yes, no or unknown) (If yes, give war or dotes of service)	SECURITY NO.	18. INFORM	a m.	VIDI)	302	ALLE,	news 500
119.	CAUSE OF DEAT		KB 811	NUIL	JUDE		OXIMATE INTERVAL
	iabetes Mell		complicat	tions	thereof	8ETWE	N ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart lailure, asthenio, etc. it means the disease,	(A)IMMEDIATE CA	AUSE A CONSEQU	ENCE OF:				
Injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(8) DUE TO, OR A	S A CONSEQ	UENCE OF:				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WH							
	ICH OPERATION WAS	PERFORME	D			21. AUTOP	SY? (Yes or No)
22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB. home, lost uting ☐ CAUSE OF DEATH.	CE OF INJURY(e.g., I rm, factory, street, office	n or obout 22 bidg., etc.) IN	C. WHERE DID (	II in Boltimo	e City, give exa	ct location)	100
	EAT NOT V	WHILE	F. HOW DID INJ	URY OCC	JR?		
23.		DSYXXI	and that on th	is basis,	death in my	opinion	
resulted from: Natural causes X Acci	dent Suicide	Hon	nicide 🔲 👢	Indetermi	ned manner		
1 Mhd 1	12	C	HIEF MEDICAL E	XAMINER			ATE SIGNED
SIGNATURE / THAN LAN	M.D.	ASSIS	TANT MEDICAL E	XAMINER	X		/14/70
EXAMINER'S Isidore Mihal		ASSOC	CIATE MEDICAL E	XAMINER		0	/ 47/ / 0
24A. BURIAL CREMATION, 24B. DATE 24C. N REMOVAL (Specify) 8-19-70	NAME OF CEMETERY OF	-	24D. I	CALTO	(City, town	, or county)	(Stote)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF AUG 17 1970 Poleus C. Jaben	REGISTRAR	25C. Ft	INERAL DIRECTO	OR .	AI	DDRESS 01 LAU	DENC.
VS 151-REV. 1/1/68		1 17	VILLION P	0761	11	וטוארוט	0700
V3 131-KEV. 1/1/00							1/



IMPORTAN DIRECTOR: FUNERAL

20 D. INSIDE CITY LIMITS? YES F NO X Il Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min. 12. CITIZEN OF WHAT COUNTRY? ADDRESS Same as APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH 5MIN 208 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Bollimore City, give exoct locotion) ond that In (my) (our) opinian death occurred on the date 23 B. DATE SIGNED (City, town, or county)

The second secon My . 470 Elen Moren Man Fort Cole . Some

<		BIRT	-520		70	8179	CERTIFICA	TE OF	DEATH	REG.	NO	8	179
7. 1	oital and of death Deceased e on the ath. Such	1. N	AME OF DECI	d SP1		110011	7/4			HOUR OF	DEATH OT	- 1	
	of of Dec	3. 1	PLACE IN BALT	IMORE MARYLA	AND, WH	ERE PRONOUN	CED DEAD	4. USUAL A. STATE	RESIDENCE (WH	deceased liv	ved II institutio	nt residenc	M e before admission)
	hos ise an de	FU1 HO	LL NAME OF	(IF NOT IN ADDRESS O	HOSPITAL	L OR INSTITUTION	ON, GIVE STREET	Ma:	ryland	Ann	1e Hrun	del	5201
	use Lend	INS	πτυπον				u.	Gl	en Burni	ie	D. INSIDE CIT		ио 🔀
	ring od ca	3	3The	Johns H	opki	ns Hosp	j/tal		AND NUMBER O Kuethe	e Road			
	occurre ontribut ermined regular eased p	5. S	EX.	6. RACE		· MARRIED W	NEVER MARRIED DIVORCED	8. DATE 0		9. AGE (In ye lost birthdoy)	ors If U Mont	nder 1 Yr.	If Under 24 Hrs. Hours Min.
	th o condeter			PATION (Give kind rorking life, even if	d of work 1		SINESS OR INDUSTRY				12.0		WHAT COUNTRY
	ded or or in it	13. F	CLEY I		Ú	Dep 4.0	+ Detense	IA MOTH	ER'S MAIDEN N	v. Ka.		U.S.	A
20	÷ 5 € 3 + 4 ods		Ray L						ttie Rol				
14/ IAN	al al	15, V (Yes,	Vos Deceosed	Ever in U. S. Am (If yes, give wor	ned Force	s? of service)	SOCIAL SECURITY NO.	17. INFORA	MANT		1	ADDR	ESS
8/DRT	25 YP ET.	Н	18.	4/6/98-	- 19/3	5/47 2	32-36-9879	Mrs.	Virginia.	L. Lyne	L (wife	) Ja	MEAS 4
_	his a lso, if of any unced tendo		DISEASI	OR CONDITION		CTLY	onest or ben	T.	6	Jeb. lute	1		N ONSET AND DEATH
OFFICE R: IMP	Tage A		(This does no	I mean the ma	ode oi d	ying, e.g., ne disease.	(A) IMMEDIATE CAL DUE TO, OR AS			renille			######################################
O S	mine niner fracti o pre gulai		injury ar camp	olicolion which o	caused d	eath.i	Mula	LL	Co. Lu	She	0		
ECT.	Xam Xam A f who		DISEASES OF	CONDITIONS	S, if on	y, giving	DUE TO, OR AS	A CONSEQ	UENCE OF:	- 0000			
Z Z	ical establical establ			CONDITION IS		iding ine	(c)	*************					
E m	medica medica burns physici an was remai	Ě	to the death	ANT CONDITION BUT NOT RELATE	ED TO THE	TERMINAL							
NON-MED	9 % o o o	CERTIFICA	19A-DATE OF	OPERATION 198	B. CONDI AS PERFO	TION FOR WHI	STULLEL	20A. AL	TOPSY? (Yes or N	(o) 20B. IF YES,	WERE FINDIN	GS CONSI	DERED
S 2	the ch (2) Bo ere th o phys	14	21 A. ACCIDENT	WAS UNDERLY	YING		CE OF INJURY (e.g., i		10	4	Boltimore City,		
S S	7 5 5 7 T	S !	DEATH (notify a	medical examiner)	/	JVO elch	MONIG	<del>,</del>	No	NE			
A	_ 5 7 6	121	OF INJURY (APPROX.)	(Month) (Doyl	LUME	White A	URY OCCURRED While		LONE				
SED	the an			hat (i) (this ho	spitai)	attended the d	eceased from 2.7	AM	8/14	19 10 to	10:11M	8/19	19_20
EA	= 0			ast saw the de			(e) (did) (did not) v		ond ti	hat in (my) (o	ur) opinion d	eoth occ	erred on the date
RELEZ	ident of hospital of death)	1	3A. SIGNATUR	E D	IN	a above (I) (A	e) (aid) (aid not) v	iew the bo			23B, D	ATE SIGN	ED
	a hos		23C. PHYSICIAN	1300	US.	y 1	DEGREE Phy	nding	Med. Director	Staff Phys.		8/1	4/20
	rificate my was rel 1) An acc 1.A. at a l d prior to		PHYSICIAN NAME (Ty		3000	B.B	ulkleyDEGREE	COL ADDRE	Johns !	Hypkus	Horp	idas	0
	F# 00 0 -	1	BURIAL CREM	ATION, 24B. D	TE /	24C. NAME	of CEMETERY OF CRI	MATORY	10	LOCATION	(City, town	or county	(Stote)
	This certitle body shows: (1) was D.O. deceased written a		DATE REC'D	THEALTH DEPT		B NAME OF R	EGISTRAR	25C. EU	HERAL BINECTO	Weston	Sinila	- VO	ORESS - / H
		VS 1	AUG1 50-REV. 1/1/6	7 1970 Pa	Bert	E. Farber	ALD,	1.	V- Jingi	leton	Glenia	Burni	e, Md.
		40 0		-			and a second						

Dept of Defeat 116 of 11 5 703 40150 - 19/42 232 36-383 145 Mighin L-Lynn (W. H.) Somming Tilled Forest face the law late to . .

<	7 1151	70 8	100		BALTIMORE CIT	Y HEALT	H DEPARTMENT	rX			PHO			
_	RTH NO.		3180		CERTIFICA	TE C		•	REG. NO			- 8	180	
(Ту	pe or Printl	SOLOMON, .					A	UGUS	T 11,	19			12:3	-
3.	PLACE IN BAL	IMORE, MARYLAND,	WHERE PRO	ONO UN CEE	DEAD	A. SIA		Where dec					bofore odn	nissio
FU	JLL NAME OF OSPITAL OR STITUTION	(IF NOT IN HOS ADDRESS OR LO	PITAL OR IN	ISTITUTION,	GIVE STREET		OR TOWN		ANNE		ECITYLI		52	-6
1	40	ST. AGNES	S HOSI	PITAL		E. STRE	EN BURN ET AND NUMBE 104 ARMI	R	D ST		YES □ 061	N	10 💢	
	EMA LE	WHITE		_	VER MARRIED		OF BIRTH	9. AC	SE (In years pirthdoy)		If Under Months	1 Yr. Days H	If Under	24 H Min.
		PATION (Give kind of w	WIDOV		DIVORCED TRY	DI RIPT	+/05/22	4	8		120 01710			
dan	o during most of v Homemak	rarking life, even it refired	9	n-Home			NNA	toroign ec	ountry			J.S.	VHAT CO	UNI
13.	FATHER'S NAM	N.E.	1 000			14. MO1	HER'S MAIDEN	NAME		-				
	LEX BI					M/	RY	(unk	(nown)					
15. (Ye	Wos Deceased s, no or unknown)	Ever in U. S. Armed I	orees? otos of sorvi	ce) 16. SC	CIAL CURITY NO.	17. INFO	RMANTMT.	Andre	вы A. S	Solo	חםחכ	ADDRES	SHush	ar
1	IONE	None			-18-1376	ST	. AGNES	HOS	PITAL	RE	CORE	S	Same	
	Injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving tise to the abave cause (A) stoling the UNDERLYING CONDITION tast.  (B)					A CONSI	QUENCE OF:	70000000					***************************************	100 0 Q1
ERTIFICATION	TO THE DEATH	CANT CONDITIONS CONDITIONS CONDITION GIVEN IN P. OPERATION 178. CO	THE TERMIN	AL	OPERATION	20A.,	AUTOPSY? (Yos or	No) 20B	IF YES, W	ERE FIN	IDINGS (	CONSIDI	ERED	
CAL CERT	21A. ACCIDEN OR CONTRIBUT DEATH (notify	T WAS UNDERLYING TING CAUSE OF medical examines		218. PLACE home, form, etc.)	OF INJURY (e.g., i	n or obout fieo bldg.,	SIC. WHERE DID INJURY OCCUR		(If In Balt		City, give		otlon)	
ត		(Month) (Dayl (You		21E INJUR While At	Y OCCURRED  Not While At Wark		21E HOW DID I	INJURY (	OCCUR?				<u>-</u> -	
	that (I) (this hospital) attended the deceased from AUGUST 8 19 70 to AUGUST 11 19 70 that (I) (we) lost saw the deceased alive on AUGUST 11 19 70 and that in (my) (aur) apinian death occurred on the date													
		from the causes st	ated obave	. (1) (We)	(did) (did not) v	lew the								_ =
	23A. SIGNATUR	exects	· Val	aras	Afte Phys	nding _	Med.	Staff Phys.	₩ ₩	2	B-	SIGNED		
	23C. PHYSICIAN NAME (Ty	00)	VALAS	40.14		3D. ADD	RESS BALT	O,MD	2128	-	MILL	/ENA	AVE	_
24A	BURIAL CREM	PERFECTO			CEMETERY OF CRE	ST.	AGNES H	USP;			WILK			S.
)5A	Burial	8/14/	70 G	len H	aven Memo			ilen	Burnie	P 10	larvl			
JA	AUG 17	1970 Robert	E. Jack	ey M.D	STRAR		ingleton	OR	RUP	me	1	ADDR	ess urnie	
5	150-REV. 1/1/6	1												1_

MAY ISSENT FEET AND

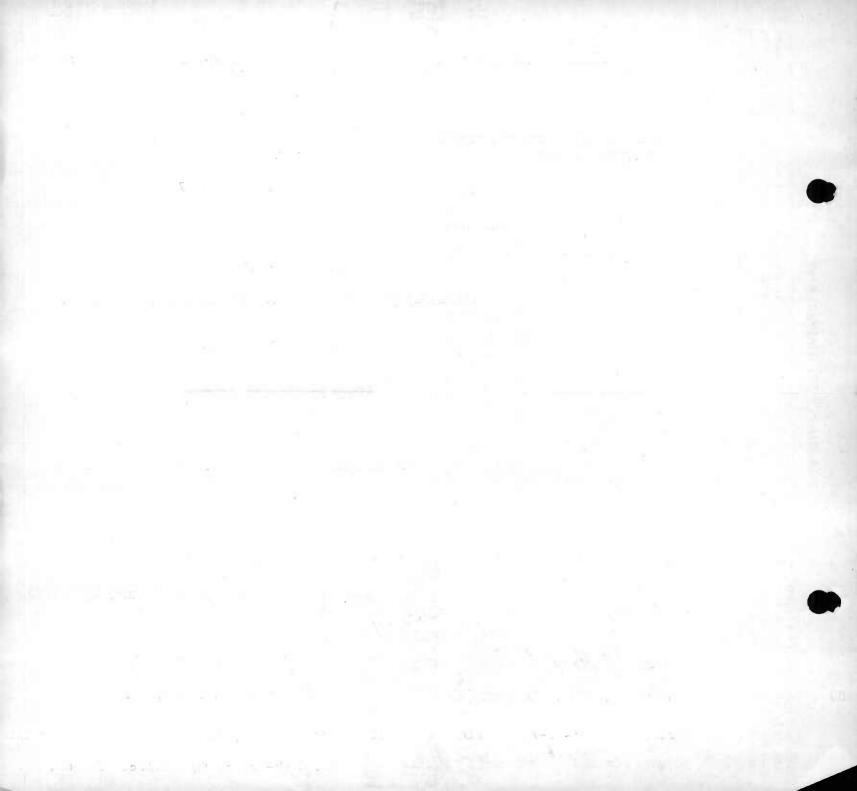
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- I LOUIS ELECTRON PLANS

VS 150-REV. 1/1/6B



11	RTH NO. NAME OF DECE	EASED .	8182	JOHN D. LOMBAR		AND HOUR OF DE	ATH 1970	410 P
3.	PLACE IN BALT	IMORE MARYLAND, W	HERE PRONO	UNCED DEAD	IN ODOME KEDIDEMCE IA	Augie Acceozed HASO"	If institution: reside	ence before odmission
FU H	JLL NAME OF OSPITAL OR ISTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET	A. STATE B. CO  M.C. CITY OR TOWN	11+0	INSIDE CITY LIMIT	300
4	4 . 4 . 4	n Momorio	al A	losp	Baltimore E. STREET AND NUMBER	3 - 1	YES 🗌	ио⊠
-					1841 Lock	Shirl	Rd.	
3,	SEX	6. RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in yours last birthdoy)	If Under 1 Months Do	Yr. If Under 24 Hrs ys Hours Min.
10/		PATION (Give kind of work	WIDOWED	DIVORCED DIVORCED DIVORCED	03-10-14	5 G		
dor	ne during most of w	rorking life, even if retired)			11. BIRTHPLACE (Stole or I	loreign country)	12. CITIZEN	OF WHAT COUNTR
	SALESM		INS	URMER	Khode Is	land	0	587
13.	FATHER'S NAM		,	1.	14. MOTHER'S MAIDEN	NAME	1	
	Erne	ost Lo	umba	rd1	Pasqualine	a Veca	ola	
15. (Yo	was Deceased I	Ever in U. S. Armed For Of yos, give wor or dote	ces? s of sorvice)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		AD	DRESS
	No			218-01-5979	JEAN G. Lonk	DARQ;	SAME A	5# 4E
	18. / 5	4, 11		CAUSE OF DEAT			Al	PPROXIMATE INTERVAL
	DISEASE	E OR CONDITION DI	RECTLY			0	,	TEN ONSET AND DEATH
			dving. e.c.	(A) IMMEDIATE CAL		ia hod	tum 3	3 months
	heart failure, a	ol mean the made of asthenia, etc. Il means olication which caused	the disease,	DUE IO, OR AS	A CONSEQUENCE OF:			
		NTECEDENT CAUSES	acatti"					
	1	CONDITIONS, if	any civina	(B)DUE TO, OR AS	A CONSEQUENCE OF:			***********
	rise to the	above cause (A)	slaling the		A CONSEQUENCE OF		ľ	
	UNDERLTING	CONDITION last.		(c)				
CERTIFICATION	OTHER SIGNIFIC TO THE DEATH DISEASE OF CO	CANT CONDITIONS COIL BUT NOT RELATED TO THE PROPERTY OF THE PR	NTRIBUTING TE TERMINAL	19901904-monococcussassas				
TFIC,	19A-DATE OF	OPERATION 198. CON	DITION FOR Y	WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 20B, IF YES, W	ERE FINDINGS CO CAUSES OF DEA	NSIDERED TH?
CER	21 A. ACCIDENT	WAS UNDERLYING	218	PLACE OF INITIRY (e.g., i	at about 21 C. WHERE DID			
	OR CONTRIBUT	T WAS UNDERLYING TING CAUSE OF	hom	e, form, foctory, street, of	or about 21 C. WHERE DID fice bidg., INJURY OCCUR?	(ii in pair	timore City, give ex	oci locotion)
4	1	(Month) (Doy) (Year)		INJURY OCCURRED	21F. HOW DID 1	WILLIAM COCCUS		
S	OF INJURY (APPROX.)	-,-	Whi	ilo At 🖂 Not Whil		MJORT OCCUR		
DICA	A NO AND A DESCRIPTION OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRES		Wo		□ .			
MEDICA	22 1	1 . m. 16 . 10 . 10			(3 / 10		9/1/	19 70
MEDICA	- Comme	hat (1) (this hospital			8/10	_19 <u>70</u> to	0/12	
MEDICA	that (1) (we) I	ast saw the decease	d alive on	8/15	19 <u>70</u> and	that In (my) (our)	opinian deoth o	
MEDICA	and hour ond	ast saw the decease from the causes stat	d alive on	8/15		that In (my) (our)		ccurred on the dat
MEDICA	that (1) (we) I	ast saw the decease from the causes stat	d alive on	(We) (did) (did nat) v	19 70 and lew the body after deat	that in (my) (our)	opinian deoth of	ccurred on the dat
MEDICA	and hour ond	ast saw the decease from the causes stat	d alive on	) (We) (did) (did nat) v	19 70 and lew the body after death	that In (my) (our)		ccurred on the dat
MEDICA	and hour and 23A, SIGNATUR	ast saw the decease from the causes stat	d alive on	) (We) (did) (did nat) v	19 70 and lew the body after deat	that in (my) (our)		ccurred on the dat
MEDICA	that (I)(we) II and hour ond 23A, SIGNATURI 23C, PHYSICIAN NAME (Typ	ast saw the decease from the causes stat E	d alive on ed above.(I	(We) (did) (did not) v	19 70 and lew the body after death anding Med. Director 330. ADDRESS	that in (my) (our) he Staff Phys.	23B, DATE 51	GNED
MEDICA	and hour ond	ast saw the decease from the causes stat  E  75  (ATION, 248, DATE ocily)	d alive on ed above/(I	) (We) (did) (did not) v  M	19 70 and lew the body after death ording Med. Director 33D. ADDRESS	that in (my) (our)		GNED
WEDICA	that (I) (we) I and hour ond 23A, SIGNATURI 23C, PHYSICIAN NAME (Typ)  BURIAL CREMREMOVAL (Sp	ast saw the decease from the causes stat  E  7.  (ATION, 248, DATE ecity)	d alive on ed above.(I	) (We) (did) (did not) v  M	19 70 and lew the body after death anding Med. Director 330. ADDRESS	that In (my) (our) h.  Staff Phys.  LOCATION	23B, DATE 51	GNED

Service Company and a company of the company

IMPORTANT

FUNERAL DIRECTOR:

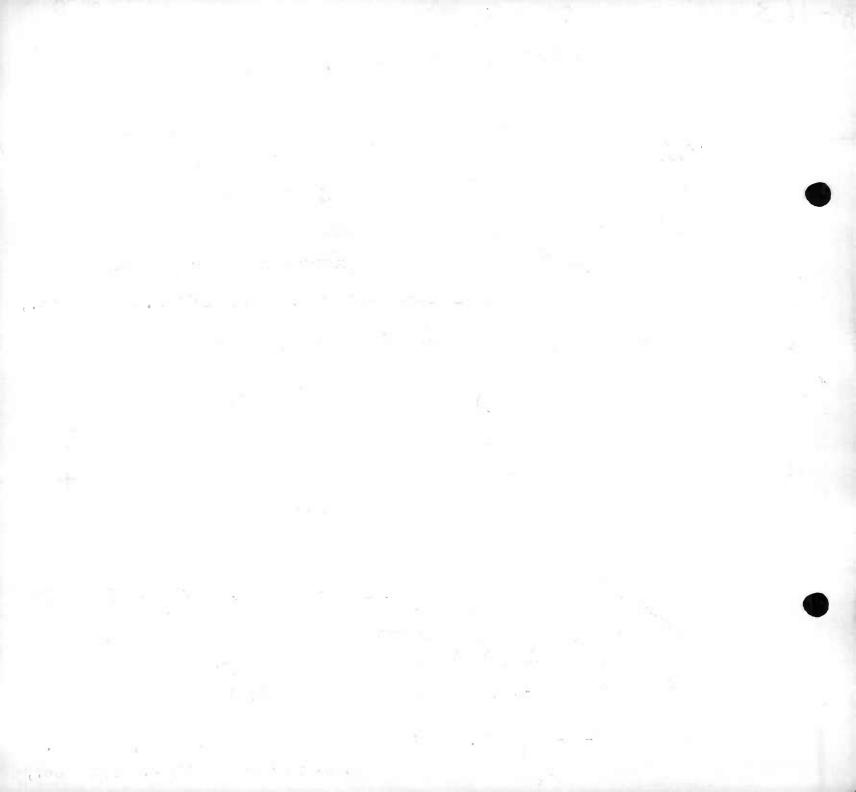
1	BALTIMORE CIT	Y HEALTH DEPARTMENT	70 0400
В	RTH NO. 70 8183 CERTIFICA	ATE OF DEATH REG. NO.	10 8783
	NAME OF DECEASED	2. DATE AND HOUR OF DEATH	
	BROWN, Amandia	August 15, 1970	1 3:00 A. N
3,	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution:	residence before admission)
III R	JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland	1505
III.	STITUTION	C. CITY OR TOWN D. INSIDE CITY	LIMITS?
	90	Baltimore YES []	№ 🗌
1	Bolton Will Nursing & Convalescent Ctr.		אזר
5.	SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH   9. AGE (in your   10 Und	
	F N WIDOWED DIVORCED	7-2-95 (1890) last birthday! (SA) Months	Poys Hours Min.
t0.	N. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR'		TZEN OF WHAT COUNTRY
	Housewife Home	M3	
13.	FATHER'S NAME	Maryland  14. MOTHER'S MAIDEN NAME	U.S.A.
	117:11	The state of the s	
15.	Was Deceased Ever in U. S. Armed Forces?   16. SOCIAL	Unknown Amelia DA	905
(Ye	s, no or unknown) (If yes, give wor or dates of service)	17. INFORMANT	ADDRESS
-	No 228 18 0/35	MRS. Estelle Brown BALL	mere. Ald
1	18. CAUSE OF DEAT	Н	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	- 114-	/ /
	(This does not mean the mode of dving as (A) IMMEDIATE CA		6/2/70
	heart failure, astherio, etc. It means the disease, injury ar camplication which caused death.)	A CONSEQUENCE OF:	
1		1	
	ANTECEDENT CAUSES	yselline I disare	news
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR of rise to the above cause IA) stating the	CONSEQUENCE OF:	
	UNDERLYING CONDITION last. (C)	thereles gen	news
	11		
N O	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
×	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************	
CERTIFICATION	19A-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDING:	CONSIDERED
123		100	DEATHY
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, form, foctory, street, o	in or about 21 C. WHERE DID (II In Baltimore City, gli	ve exoct focotion)
MEDICAL	DEATH INDUTY medical examined		
0	21D-TIME (Month) (Doy) (Yeol (Houd) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
2	IAPPROX.) While At Work At Work	le D	1
	22. I certify that (I) (this hospital) attended the deceased from	7/24 1070 10 8	115 1973
	that (I) (we) last saw the deceased alive on	19 3 and that In(my) (our) opinion dea	
	and have and from the causes stated above. (1) (We) (did) (did nat) v	lew the bady after death.	deadited on the date
	23A4 SIGNATURE		TE SIGNED
		anding See Med. I'm Shelf I'm	1.1
	22 C BLYCI CLANDS	23D. ADDRESS	110/70
	ALLAN H. MACHT MD	2 E Read ST BOX	- M/ 212
244	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRI	EMATORY 24D. LOCATION (City, town,	or countyl (Stote)
II \		tony long	Md.
25A	DATE REC'D BY HEALTHON. SEE MANE OF BELLIAME D.	25G, FUNERAL DIRECTOR	ADDRESS
_	mud 18 19/0	Horny 412 Harakt Suk	mille Mid



VS 150-REV. 1/1/68

17:56 m. \* \$20 4 PR 1 P 17 11 P And the second of the second o

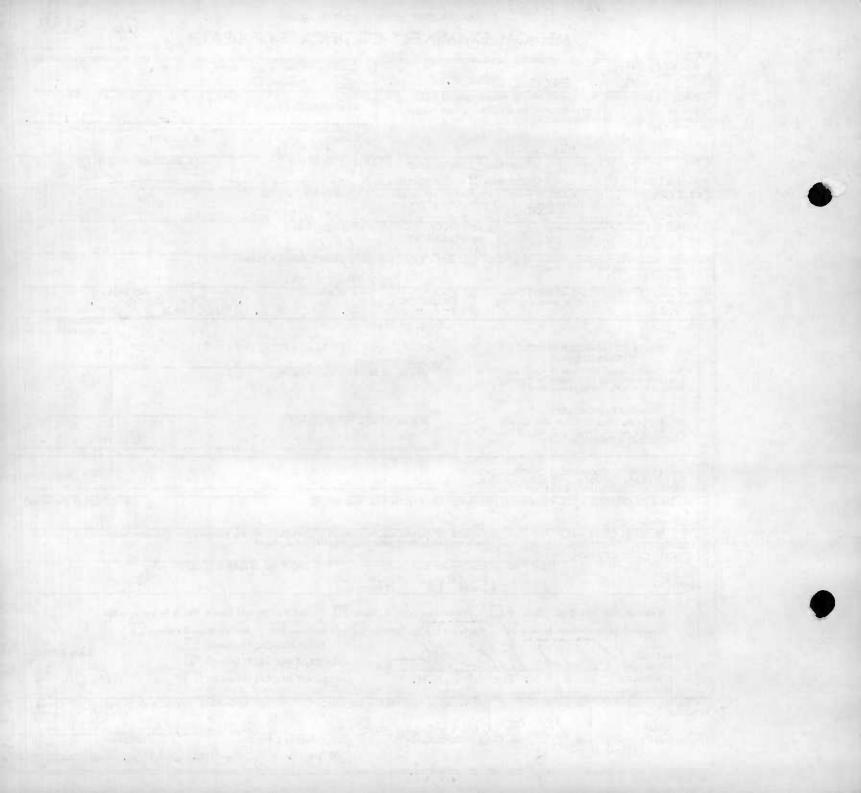




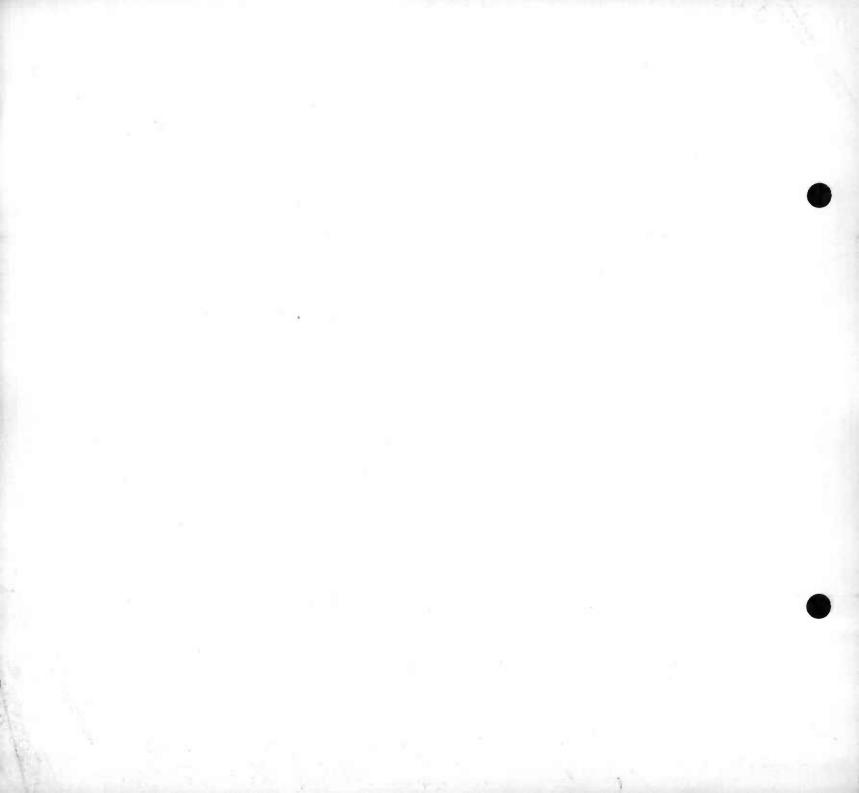
H-125

	MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF	DEATH
--	---------	-------------------	-------------	----	-------

BIRTH NO.	REG. NO.
1. NAME OF DECEASED (Type or Print)	2. DATE Known Month Doy Year Hour
MEMMAN HOPKINS COOKE DE	OF DEATH Estimoted [] M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	August 15, 1970 12:15 P.M.
27	5. USUAL RESIDENCE (Where deceosed lived. If Institution: residence before admission)  A. STATE  B. COUNTY
MERCY HOSPITAL	Maryland In Inspectively
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Female White WIDOWED S DIVORCED 9. DATE OF BIRTH 10.AGE (In years   # Under 1 Yr, # Under 24 Hrs	Baltimore YES XX NO
9. DATE OF BIRTH 10/23/186 10. AGE (In yeors If Under 1 Yr. If Under 24 Hrs. Months a Doys Hours Min.	
11. BIRTHPLACE(State or foreign country) 12. CITIZEN OF	8 South Potomac Street
Baltimore, Maryland WHATCOUNTRY?	Shuttheis
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	
done during most of working life, even if relired)	Mary Cook
14 WAS DECEASED EVER IN ILS ARMED EODOES 117 SOCIAL	III. INFORMANT O / C! ADDRESSIA
(Yes, no or unknown) (Il yes, give wor or doles of service)	Mr. Robert L. Shultheis 3 48 ames Bridge
19. CAUSE OF DE	APPROXIMATE INTERVAL
Artorio	osclerotic cardiovascular disease
LEADING TO DEATH	
(A) IMMEDIATE  (This does not mean the mode of dying, e.g., heart loilure, osthenia, etc. it means the disease,	AS A CONSEQUENCE OF:
injury or complication which coused death.)	
ANTECEDENT CAUSES (R)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION W	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A)-	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	/AS PERFORMED 21. AUTOPSY? (Yes or No)
	no
O LINDER IVING TOP CONTRIB.   I home, form, foctory, street, offi	, in or obout 22C, WHERE DID (Il in Baltimore City, give exact location) ce bidg., etc.) INJURY OCCUR?
UTING CAUSE OF DEATH.	
OF INJURY	1 WHILE -
	WORK L
	utopsy and that on this basis, death in my opinion
	de Homicide Undetermined monner
The state of the s	CHIEF MEDICAL EXAMINER
ACTUAL / Les M/L	ACCISTANT MEDICAL FYAMINED X
EXAMINER'S Ronald N. Kornblum, M.D.	D
NAME (Type)	ASSOCIATE MEDICAL EXAMINER LJ 8/16/70
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
	metery Baltimore, Maryland
25A. DATE REC'P BY HEALTH DETTO 125B. NAME OF THE O	25C. FUNERAL DIRECTOR ADDRESS
AUG 10 1010	John A. Moran, Inc. 3000 E. Baltimore ST
VS 151-REV. 3/1/68	



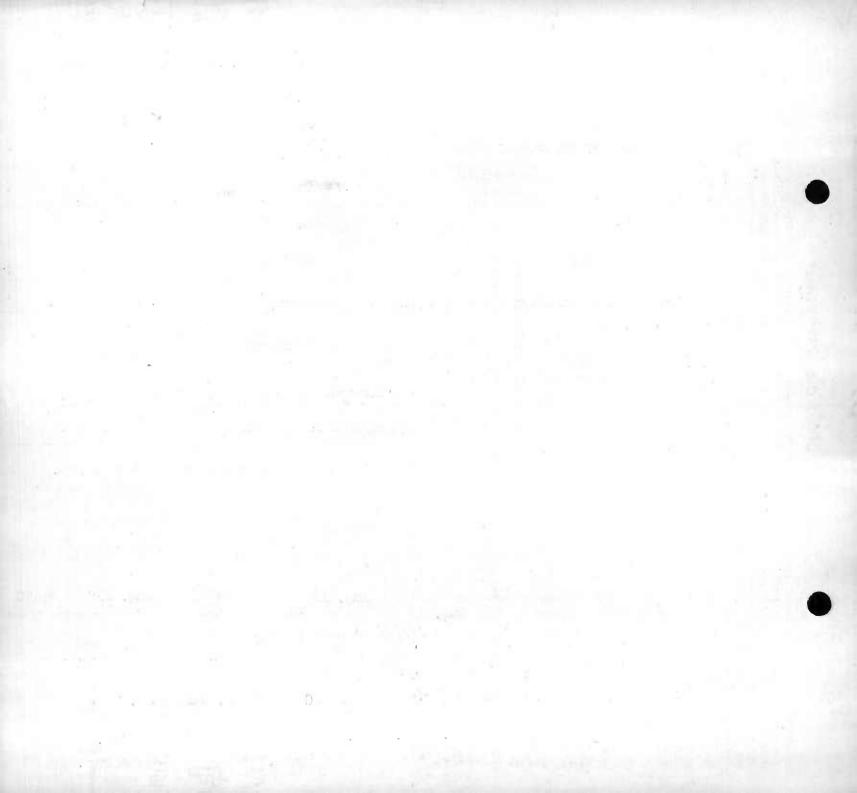
K-5201	$\mathbb{H}$		CITY HEALTH DEPARTMENT	70 8188
55 6 5 6	В	RTH NO. CERTIFIC	CATE OF DEATH REG. NO.	10 9700
death death eased on the Such		NAME OF DECEASED	2. DATE AND HOUR OF DEATH	
- p 0 0 0 1	110	ype or Printle Caracie G. Kinib	6	029
5 4 9 0 4	3	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased fixed, II in	/ A M.
W 0	- 11		A. STATE B. COUNTY	titution: residence before odmission)
a hos cause se; (5)	F	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Masy land AA (1).	5200
a de la contra del	ii	ISTITUTION ADDRESS OF LOCATION)	C. CITY OR TOWN D. INSI	DE CITY LIMITS?
in a ring cause; cause; attend	- 11	4 8	Linthicom	YES X NO
in in and in a second	11 4	Manyland General Hospilal	E. STREET AND NUMBER	
TO .= L .		placy land werent	220 Honewood Rd.	
ם ספבי	5.	SEX   6. RACE   7. MARRIED   NEVER MARRIED		If Iladay 1 Va. H. Haday 24 Ha
oath occur or contribution in regul deceased				Monihs Doys Hours Min.
o Lu e la si	- 11	A USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INOUS:	5/14/13 57	
det c	do	ne during most of working life, even if reflired)	TRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
death t or c Undet as in e dec		Rowsenike	Mucey (and	USA
if de ect o type type type type type type type type	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	-3.17
NT  If death  direct or c  (4) Undet  Mass in  If was in  In the decent  disposition	.			
A dist		Lewis Schumann	Mamie Mahan	
7 5 7 5 0 -	(Y	Wos Deceased Ever in U. S. Armed Forces?  16. SOCIAL SECURITY NO.	17- INFORMANT	ADDRESS
ISSISTAN The distribution of the distribution	-11	SECONIII NO.		
ORTAN' assistant if the dia ny kind; od death lance on	1	18. CAUSE OF DE.	EDWARD R. KING ABOVE ADD	RESS
2 2 0 0		/ 1 2 1 /	Ain	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Mp iso, iso, of a cof a	- 11	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		
- PA O O E E		(This does not mean the mode of dying, e.g.,	AS A CONSEQUENCE OF:	-10 days
FOR: IMI		I many music's came is illedity life dived?	AS A CONSEQUENCE OF:	
miner. fractu o pro gular		injury or complication which caused death.)		U
		ANTECEDENT CAUSES	votion of chaledoche - dugan	Dayset
examixami) A fr who		DISEASES OR CONDITIONS, if ony, giving DUE TO, OR	AS A CONSEQUENCE OF:	2031
		rise to the chove cause (A) stating the	Common Duct	
VERAL DIR hief medical a medical ody burns; (3 ody burns; (3 ician was ii the remains		ONDERCTING CONDITION lost. (C)	County DICI	lyeur
		1	may.	
med medic burr burr hysi	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	not Storned Parcueur, 1	
FUNERAL y the chief med ital by a medi er.(2) Body bur vhere the phys No physician w before the rem		IDISEASE OR CONDITION GIVEN IN PART 1 (A).		Liver
chief y a m Body the p tysicic	CERTIFIC	19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
5 0 20 7 20	1		yes ye	f
下 きょくらせる	11 -	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g. hame, farm, factory, street,	alfice bldg., INJURY OCCUR?	City, give exect lecetion)
+ B + 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5	₹	DEATH (natify medical examined etc.)	direct profit occor:	
ved by the hospital nature; (ept when do (6) No ained beta		210-TIME (Month) (Doy) (Yeoil (Haud) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
ed b rosp atura pt v (6)	MEDI	(APPROX.) While At Not W		
- 100		Work L Al Wo	Thile	
pproperty any		22. I certify that (!) (this hospital) attended the deceased from	8/36 19 76 to	1/15 1970
	1	that (i) (We) last sow the deceased alive on 8/15	19 70 ond that In(my) (our) opini	ion doub comment on the late
* _ 0 B = #		and hour and fram the couses stoted above. (I) (We) (did) (did not		/ death occurred an the date
ust be dent dent dear		23A. SIGNATURE	View the body after death.	
7 6 0 = -	-11		Handing State -	23B OATP SIGNED
a to to	Ш	Macan ( topis pieres P	Hending Med. Staff hys. Director Phys.	1/15//0
* N + 0 0		23C.PHYSICIAN'S NAME (Typel	230. ADDRESS	
ificate  was r  A at a  d prior				
	24	A BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY of C		four constant (fig.)
FB 00 -		DIDT AT		, town, or county) (Stote)
ws: Ws: Dod		CHIEN THE CEM		RYLAND
This certif the body shows: (1) was D.O deceased written a	25.	DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C FUNERAL DIRECTOR	ADDRESS
アポッタウミ		AUG 18 1970 Paber E. Jaiber, M.D.	VIDCUIN 180 F FRO	+ HVO.
	VS	150-REV. 1/1/68	The state of the	



BIRTH N	OF DECE	ASED		CERTIF	CATE OF E		D HOUR OF DE	ATM		
(Type or			MARY W	AKEFIELD		Aug.12,1970 9 p.m				m M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET						4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission) A. STATE B. COUNTY Md. 21205				odmission)
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREE ADDRESS OR LOCATION)					IC. CITT OR IC	C.CITY OR TOWN Baltimore C. CITY OR TOWN Paltimore PES				
	H	arbor V	iew Nur	sing Home			onument	St.		
	nale	white	WIDON	RIED NEVER MARRIE	Oct.11	1,1900	est birthday)	If U Men	Joder 1 Yr. If Ur	der 24 Hrs. Min.
done duri	ng most of w	orking life, even if re	efired)	of Business or ind		ce (Stote er lereig imore,		12.	CITIZEN OF WHAT	COUNTRY?
	OUSEW		a	it nome		MAIDEN NAM				
				nkus	Lo	ouise L	epinek			
15. Was (Yes, ne e	Deceesed r unknown)	Ever in U. S. Arm	red Ferces? ar dates el servi	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMAN				ADDRESS	
1				CAUSE OF	Autorities	L. Wake	field,	dght.	above	
hea	s does no	E OR CONDITION LEADING TO DI	EATH de ol dying,		Chosis TE CAUSE DR AS A CONSEQUENC	****	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		31 yrs	•
DIS rise	ry ar camp A EASES O to the	asthenia, etc. II i plication which c NTECEDENT CA R CONDITIONS abave cause CONDITION Ia	means the dise caused death.) AUSES , it any, gi (A) stating	(B) Lue	tic menin		phalopa	thy	severa	l yrs.
DIS	ER SIGNIFI	plication which control of the conditions of the course course CONDITION to the condition to the condition of the condition o	means the dise caused death.) AUSES  , it any, gi (A) stating sst.  IS CONTRIBUTE D TO THE TERMIN	(a) Lue DUE TO, of the (c).			phalopa	thy	severa severa	
RTIFICATION OF ON ON SECTION OF S	A EASES O Id the DERLYING ER SIGNIFITIE DEATH ASE OR CO	Plication which control of the contr	means the dise caused death.) AUSES  , il any, gi (A) stating ist.  IS CONTRIBUTI. DI TO THE TERMIT IN PART 1 (A). L CONDITION F	(a) Lue DUE TO, of the (c).	tic menin or as a consequen	go-ence NCE OF:				l mont
DISC UN OTH TO TO TO TO TO TO TO TO TO TO TO TO TO	ER SIGNIFI THE DEATH ASE OR CO DATE OF  A CCIDEN CONTRIBUTH Inedify	Plication which control of the conditions of the condition in the condition in the condition of the conditio	means the dise caused death.) AUSES  , il any, gi (A) stating ist.  IS CONTRIBUTI. DI TO THE TERMIT IN PART 1 (A). L CONDITION F	(a) Lue DUE TO, of the (c)	tic menin	go-ence NCE OF: PSY? (Yes or No) O WHERE DID	208. IF YES, W	VERE FINDING CAUSES	severa	l mont
WEDICAL CERTIFICATION NA SELECTION NA SELECT	A CCIDEN  CONTRIBUTE  A CONTRI	Plication which control of the conditions of the condition of the conditio	means the dise aused death.) AUSES  , it any, gi (A) stating ist.  IS CONTRIBUTE D TO THE TERMITE IN PART I (A). CONDITION F AS PERFORMED	(B) Lue (C) DUE TO, (C) (C) Aph (C) Ap	tic menin  DR AS A CONSEQUEN  2514  20A-AUTO  N  (e.g., in er obout 21C eet, affice bidg., INJU	go-ence NCE OF: PSY? (Yes or No) O WHERE DID	20B. IF YES, WIN CERTIFYING	VERE FINDING CAUSES	Severa	l mont
MEDICAL CERTIFICATION NG 120 SIG	A CCIDEN CONTRIBUTION TIME NJURY ROXJ	Plication which control of the contr	means the dise caused death.) AUSES  , il any, gi (A) stating st.  IS CONTRIBUTI. D TO THE TERMIN IN PART 1 (A). CONDITION F SPERFORMED  (Yeorl (Haus)	(B) Lue  (b) DUE TO, of the (C)	20A. AUTO    20A. AUTO   20A. AUTO   20A. AUTO   21A.	go-ence  NCE OF:  PSY? (Yes or No)  WHERE DID  RY OCCUR?  HOW DID INJU	20B. IF YES, WIN CERTIFYING (If In Be	VERE FINDING CAUSES (	Severa	1 mont
WEDICAL CERTIFICATION OLIVINA	ACCIDENT THE INDEXT TO THE CONTRIBUTER OF CONTRIBUT	Plication which e NTECEDENT CA R CONDITIONS, abave cause CONDITION to  II CANT CONDITION to I BUT NOT RELATE OPPERATION 179B WA T WAS UNDERLY TING CAUSE O medical exemined (Manthi (Dey)	means the dise caused death.) AUSES  , it any, gi (A) stating is.  IS CONTRIBUTION TO THE TERMITE IN PART 1 (A). CONDITION FOR PERFORMED  (Year (Haus)  spital) attendancesed alive	(B) Lue (C)  ING APh FOR WHICH OPERATION  21B. PLACE OF INJURY home, larm, lectery, street.  21E. INJURY OCCURRE While AI No Wark  At led the deceased fram	tic menin  OR AS A CONSEQUEN  20A. AUTO  N  (e.g., in er obout 21C. obet affice bidg., INJU  Wark  D While  D While  D 19	go-ence  PSY? (Yes or No)  WHERE DID  RY OCCUR?  HOW DID INJU	20B. IF YES, WIN CERTIFYING (If In Be	VERE FINDING CAUSES (	Severa	1 mont
MEDICAL CERTIFICATION OLH TO O	ACCIDENT ACCIDENT TIME NJURY ROX.)  It certify (1) (we) haur and	Plication which control of the contr	means the dise caused death.) AUSES  , il any, gi (A) stating st.  IS CONTRIBUTI. D TO THE TERMININ PART 1 (A). CONDITION F S PERFORMED  (Yearl (Haun)  spital) attendances at alive s stated abov	(B) Lue (C)  ING NAL  POR  POR  WHICH OPERATION  21B. PLACE OF INJURY home, larm, fectery, street, etc.)  21E. INJURY OCCURRE While At No Wark  No Wark  No Wark  While At O  At  Led the deceased fram on  ve. (i) (We) (did) (did	20A. AUTO  10. S. in er obout 21C. obet affice bidg. INJU  10. While Wark  10. While Wark  10. While All obout 21C. obet affice bidg. INJU  11. Wark  12. In ot) view the bady	PSY? (Yes or No)  WHERE DID RY OCCUR?  HOW DID INJU	20B. IF YES, WIN CERTIFYING (If In Be	VERE FINDING CAUSES (	Severa	1 mont
DISS rise UN OTH TO DISE 1994. 21A. 21A. 21A. 21A. 21A. 21A. 21A. 21A	ACCIDENT THE INDEX PORCE  ACCIDENT THE INDEX	Plication which en NTECEDENT CAR CONDITIONS abave cause CONDITION to the C	means the dise caused death.)  AUSES  , il any, gi (A) stating st.  IS CONTRIBUTI. DIO THE TERMIT IN PART 1 (A). CONDITION F AS PERFORMED  (Year (Haus)  spital) attend acceased alive as stated above.	iving the (c).  ING aph  ING Aph  FOR WHICH OPERATION  21E PLACE OF INJURY home, form, fectory, structured by the color of	20A. AUTO  20A. AUTO  20A. AUTO  20A. AUTO  21F. 1  While  Wark  21F. 1  Attending  Phys.  23D. ADDRESS	PSY? (Yes or No)  O WHERE DID RY OCCUR?  HOW DID INJU	20B. IF YES, WIN CERTIFYING  (If In Be  URY OCCUR?  9(0 ta & ta in (my) (aur)  Phys.   Maryla	S=12- ) apinian a	Severa  NGS CONSIDERED OF DEATH?  give exact lecetion  death accurred of  DATE SIGNED  13-70  Venue	l mont
NOTH TO TO TO TO TO TO TO TO TO TO TO TO TO	EASES O  to the DERLYING  ER SIGNIFI THE DEATH ASE OR CO DATE OF  ACCIDEN CONTRIBUTH Inetify TIME NJURY ROX)  (1) (we) haur and SIGNATOR  FHYSICIAL NAME (Ty  RIAL CREAMOVAL (S) ULTIAL	Plication which en NTECEDENT CAR CONDITIONS abave cause CONDITION in Inc.  CANT CONDITION in Inc.  CANT CONDITION in Inc.  CANT CONDITION IN INC.  CANT CONDITION IN INC.  TWAS UNDERLY TING CAUSE Of medicel exemined (Manth) (Dey)  that (1) (this holiast saw the defram the cause in Inc.  AATION, 24B. DA pecify)	means the dise caused death.) AUSES  , il any, gi (A) stating st.  IS CONTRIBUTI. D TO THE TERMININ PART 1 (A). CONDITION F AS PERFORMED  (Yearl (Haun)  spital) attend becased alive as stated above  ATE 24	iving the (C)	20A-AUTO    20A-AUTO    21F.   21F.   22   22   22   23   24   24   24   24	PSY? (Yes or No)  O WHERE DID RY OCCUR?  HOW DID INJU  after death.  Med. Directer D  2431	20B. IF YES, WIN CERTIFYING  (If In Be)  URY OCCUR?  9 (O ta E)  It in (my) (aur)	VERE FINDING CAUSES OF ANALYSIS  Severa  NGS CONSIDERED OF DEATH?  , give exoct lecetion  death accurred of  DATE SIGNED -13-70  Venue	1 mont	

grand Browner in Government by the American some of

1-	2001	TH NO. 170 8190 CERTIFICATE OF DEATH REG. NO. 70 8190	
	of death Deceased on the	TH NO.  JAME OF DECEASED  Per or Print)  MICHAEL VECHIO  2. DATE AND HOUR OF DEATH  Aug. 13, 1970   10:17 A	
	of of Dec	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admissi	ion)
n a hos cause use; (5) rendanc		LL NAME OF STREET AND NUMBER  A. STATE 8. COUNTY  Md. Ballo 9  C. CITY OR TOWN  Baltimore YES NO  E. STREET AND NUMBER  7949 St. Bridget Lane	0
	but lar	SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF 81RTH 9. AGE (In years   If Under 1 Yr. If Under 24 F Months; Doys   Hours   Min	His.
	h occurred in contributing itermined ca regular at ceased prior	M WIDOWED DIVORCED 9/2/91 tost birthday)  Months Doys Hours Min  WIDOWED DIVORCED 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUN	
	death t or co Undete as in e dece	Retired  USN  Md. Baltimore  USA	IKI
-	÷ 0€ × 4 × 6 × 4 × 6 × 6 × 6 × 6 × 6 × 6 × 6	George Vechio 14. Mother's Malden NAME Catherine Sidlock	
Z	CD ED	Was Deceased Ever in U. S. Armed Forces?   16. SOCIAL   17. INFORMANT   ADDRESS   SECURITY NO.	
Z	the d the d kindy deat nce or	Donomic IVC DVC II and to 3 Doll 3/3	
2		Yes USN 1920-1945 549-36-4507 Records US PHS Hospital, Balto, Md.	AL.
IRECTOR: IMPOI al examiner or his as examiner. Also, if (3) A fracture of any an who pronounced	examiner.  (3) A fracturan who proring regular in regular.	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen the mode of dying, e.g., heart foilure, osthenio, etc. It meens the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving tise to the above cause (A) stoling the UNDERLYING CONDITION lost.  (A) IMMEDIATE CAUSE Pump failure  DUE TO, OR AS A CONSEQUENCE OF:  (A) IMMEDIATE CAUSE Pump failure  Terminal  Atherosclerosis coronary heart 8 yrs.  DUE TO, OR AS A CONSEQUENCE OF:  (B)  DUE TO, OR AS A CONSEQUENCE OF:  3 mos.	
FUNERAL	chief Body the p ysicia	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  Chronic obstructive pulmonary disease 5 yrs.  20A. AUTOPSY? (Yes or No) IN CERTIFYING CAUSES OF DEATH?	
5	the all by (2) ere o ph	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?	
	ed by nospi atura pt w (6) r	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While At Not While At Work	
•	to the of any all (exc	22. I certify that (I) (this haspital) attended the deceased from Aug. 12 19 70 ta Aug. 13 19 7 that (I) (we) last saw the deceased alive on Aug. 13 19 70 and that In(n/y) (our) opinion death occurred an the cand hour and hour and hour and hour attended to the care and hour and hour attended to the care and hour attended to the care and hour attended to the care and hour attended the deceased from Aug. 13 19 70 and that In(n/y) (our) opinion death occurred an the care attended to the care at t	
RGB	5 9 5 6 6	23A. SIGNATURE  Attending Med. Staff Med. St	
	\$ 00 E	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote BURIAL Specify)  BURIAL REMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY  BURIAL Specify)  BURIAL REMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY  BURIAL Specify)  BURIAL REMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY  BURIAL SPECIFICATION (City, town, or county)	5)
	This cer the bod shows: was D.( decease	AUG 18 1970 Color E. Saltimore, Md.  256. NAME OF RESISTRATION  AUG 18 1970 Color E. Saltimore, Md.  256. FUNERAL DIRECTOR  Schimunek Funeral Home, Inc.  3331 Brehms Lane	



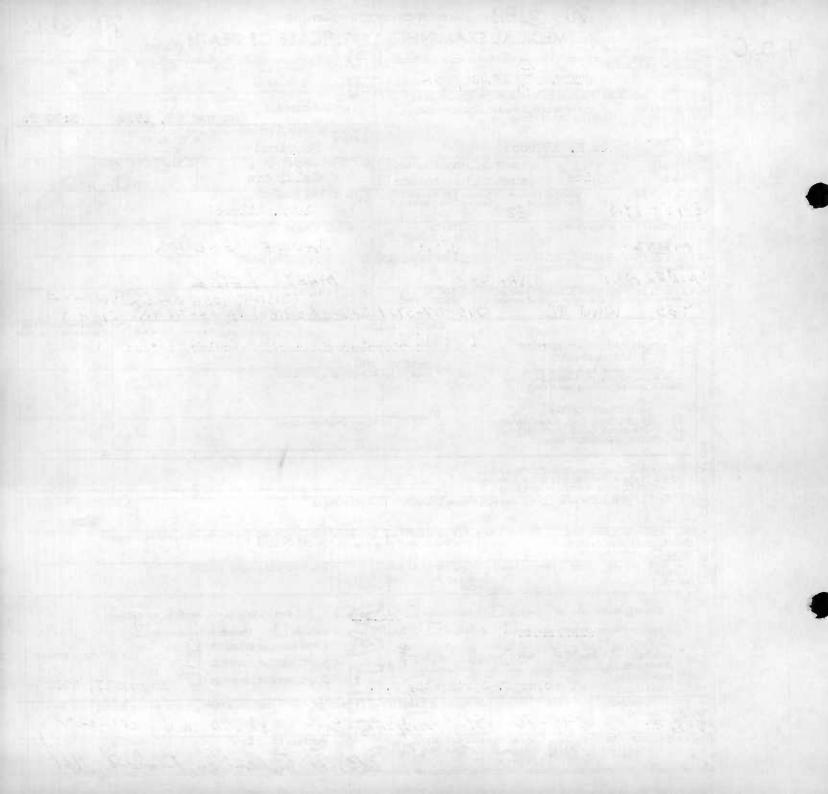
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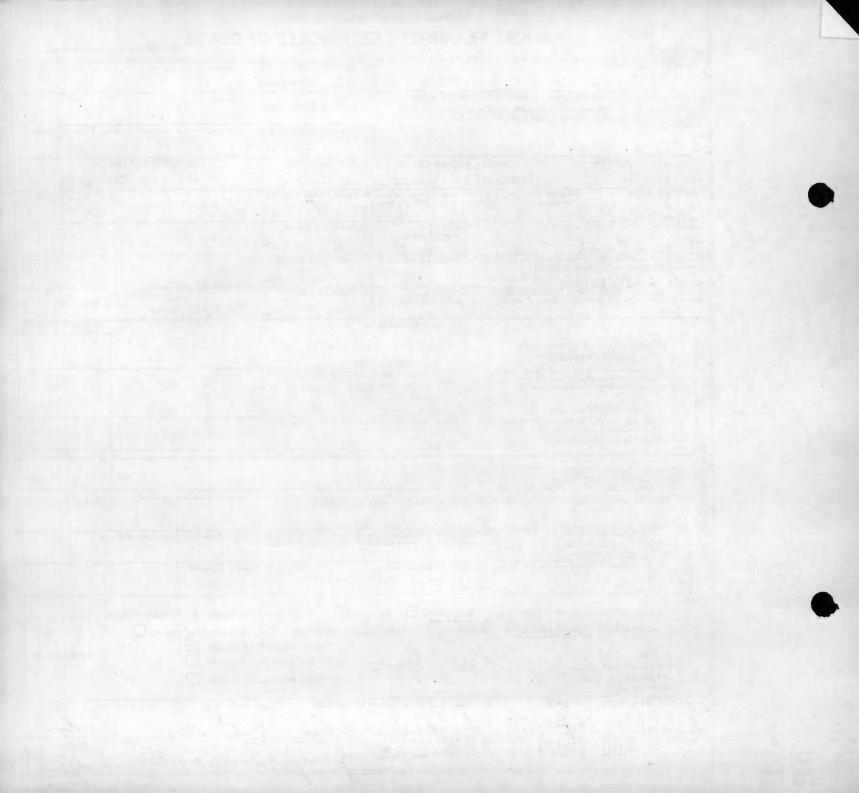
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BIRT	TH NO.		MED	DICA	L EX	CAMINER'S	CERTIF	ICATE	OF	DEAT	H REG. 1	۷٥	0	OTOR
	IAME OF DEC	CEASED	STANLEY	G. GO	OLES	SR.	2. DATE OF	Knawn		Month	Day	Ye	ear	Hour
4 P	LACE IN RAI	TIMORE				UNCED DEAD	DEATH	Estimote	ed Li					
FULL	NAME OF PITAL NSTITUTION					ON, GIVE STREET		OUNCED DE		Month	Doy st 12,	1970		5:20 P.
0	14311011014	419	N. E11	wood			A. STATE	RESIDENCE Maryla	_	deceased l	B. COUN	ution: reside TY	ence be	elore odmission)
6. S	EX	7. RACE		8. MAR	RIED	NEVER MARRIED	C. CITY O				D. INSID	E CITY LIM	ITS?	
	lale		ite	WIDO	WED [	DIVORCED [		Baltin				YES 🗌	N	0 🗆
5	ATE OF BIRTI	918	10. AGE (I	years (v) 52	Month	der I Yr. II Under 24 Hrs.	E. STREET	419 N.		lwood				
	M 435		elgn country)			TIZEN OF HAT COUNTRY?	13. FATHE	YACO	B	GO	LES			
14A.1	USUAL OCCU	PATION (	Sive kind of work	148. KIN	OF B	USINESS OR INDUSTR	15. MOTH	ER'S MAIDE	NAM P	E		,		
1/	INERI	ANT	even if retired)		2.00			TARY	6	EPA	K			
Yes,	NAS DECEAS: no prunknown) TES	ED EVER I	N U.S. ARMEI	of service	5?	SECURITY NO.	18. INFOR	MANT (SI	57F1		GCA	ADDRES	SG	AJE
	9.	INI	NIL		2	CAUSE OF DEA	TH	(MON)	2/1	17/2006	COTN	PR. A	) / EZ	OXIMATE INTERVA
П	defe /	~ /												N ONSET AND DE
Н			NDITION DIRE TO DEATH	CTLY		Arterios		ic card	liova	ascula	ar dis	ease		
Н	(This does no	ot mean the	he made of dy etc. It means the rhich caused dec	ing, e.g.,		DUE TO, OR		QUENCE OF:						
н	injury or com	plication w	hich caused de	ath.)										
Н	1A	NTECEDEN	NT CAUSES			(B)								
П	DISEASES O	OR COND	TIONS, IF ANY	GIVING		DUE TO, OR	AS A CONSE	QUENCE OF	1					
2	UNDERLYIN	IG COND	ITION LAST.			(c)								
[음-			11											
CERTIFICATION	TO THE DEA	CONDITIO	ONDITIONS CO OT RELATED TO N GIVEN IN PA	THE TERM	UNAL									
CER.	OA. DATE OF	OPERATIO	ON 208. COT	NOMON	FORW	HICH OPERATION W	S PERFORI	MED				21. A	UTOP	SY? (Yes or No)
	ZA. FXTERI	VAL CAUS	EMAS		000 01	ACC 05 10 11 10 1/							-	es
EDIC	UNDERLYING	OR CO	NTRIB-		hom e,	ACE OF INJURY(e.g., farm, factory, street, office	bldg, etc.)	NURY OCC	DID (II	f in Baltimo	re City, give	exact locati	on)	
C	2D. TIME ( DF INJURY APPROX.)	Month)	(Doy) (Year	) (Hou			WHILE	22F. HOW D	ILNI DI	URY OCC	UR?			
2	3.				m.j wc	ORK LI AT W	OKK L							
			held on I				lopsy X	and that	on thi	s basis,	death in	my opinio	n	
	result	ed from:	Natural cau	505 X	Ac	Eldent Sulcid	• 🗆 H	omicide 🔲	U	ndeterml	ned manne	er 🗌		
	ACTUAL	(1	10	1,		1		CHIEF MEDI	CAL EX	AMINER				ATE SIGNED
	SIGNATE	JRE	my	7,	9	3 och M.D	ASS	ISTANT MEDI	CAL EX	AMINER				AIE SIGNED
	NAME (T		Charl	es S	Sp	ringate, M.D	ASSO	CIATE MEDI	CAL EX	AMINER		ugust	13,	1970
	BURIAL CREA	AATION,	24B. DATE			NAME of CEMETERY		ORY	24D. LO	CATION		own, or cou		(Stote)
9	QVAL (Specific R)		8-15-	70	5	T-STANISL			-	LTO.	1	. 21		24
25A.	DATE REC'D	BY HEALTI	8 970	3580 N	AMEC	FREGISTRAR LD.	25C.	FUNERAL DI	62		i.e.	ADDRESS	5/	"1
	,						101	11.1	PL	. 011	10.	Ums	1	1111'

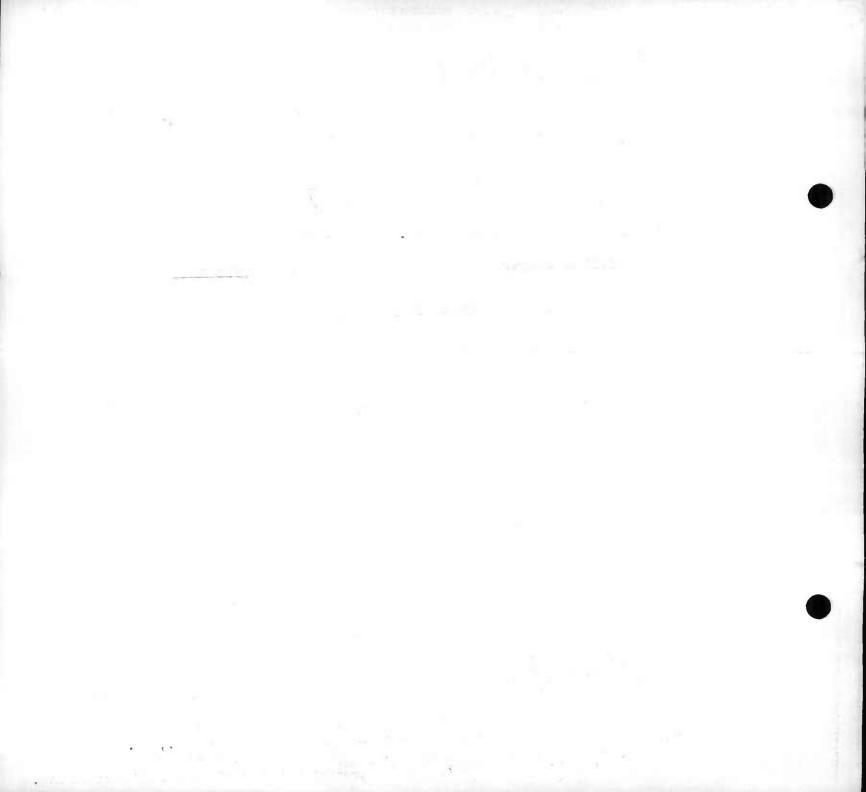


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5-	)	6	0

BIRTH NO.	ME	DICAL E	XAMINER'S	CERTIFI	CATE OF	DEAT	H REG. NO		OTO	70
1. NAME OF DEC	CEASED WILFRED	G. G	AUTHIER	2. DATE OF	Known 🔲	Month	Doy	Yeor	Hnur	
4 PLACE IN BAL	TIMORE, MARYLAND			DEATH 3. DATE	Estimoted	44 4			77.00000	M.
FULL NAME OF HOSPITAL OR INSTITUTION			TION, GIVE STREET	PRONO	JNCED DEAD		Day t 16,1970		9:25	A . M.
20	V. Balto. St	reet		A. STATE	Maryland	1	ed. If Institution: 1 B. COUNTY	esidence b	elore odmis	ion)
6. SEX	7. RACE		NEVER MARRIED	C. CITY OR			D. INSIDE CITY	LIMITS?	00	
Male	White	WIDOWED		Balti	more		YES	W.	NO 🗆	
9. DATE OF BIRTI	H 10. AGE	(In years of Ladoy) 60	Inder 1 Yr. If Under 24 Hrs. oths: Days s Hours & Min.		ND NUMBER  Balto.	Street	100			
MARNOWN 11. BIRTHPLACE (S	State or foreign country		CITIZEN OF	13. FATHER						
Course	dicut		WHAT COUNTRY?	1 Tu	known	,				
4A-USUAL OCCU	PATION (Give kind of we	KIND OF	BUSINESS OR INDUSTR	Y 15. MOTHE		WE				
Self En	working tife, ever if relire	" unknow	n	-M	nkow					
A. WAS DECEAS	DEVER IN U.S. ARN	ED FORCES?	7. SOCIAL SECURITY NO.	18. INFORM		Gard	ADI	RESS	re	
19.	011		CAUSE OF DEA	TH J	sima /	Jami	rier	I API	ROXIMATE IN	IERVAL
	I E OR CONDITION DI LEADING TO DEATH	RECTLY	Arterio	sclerot	ic cardio	vascula	ar diseas	BETWI	EEN ONSET A	
(This does no heart follure,	ot meon the mode of , osthenia, etc. it meons application which coused	the disease,	(A)IMMEDIATE ( DUE TO, OR	AS A CONSEQ	UENCE OF:					
milety or con	Pricolog willow cooled	acom.y								
	NTECEDENT CAUSES		(B)							
RISE TO THE	OR CONDITIONS, IF A	NY, GIVING TATING THE	DUE 10, OR	AS A CONSEC	PUENCE OF:					
Z	IG CONDITION LAST		(c)							
U TO THE DEA	II IIFICANT CONDITIONS ATH BUT NOT RELATED	TO THE TERMINAL						1		
DISEASE OR	CONDITION GIVEN IN									
			WHICH OPERATION W					no	SY? (Yes or	No)
UNDERLYING UTING CA	NAL CAUSE WAS OR CONTRIB- USE OF DEATH.	22B. hom	PLACE OF INJURY (e.g., e, farm, factory, street, offic	in or obout 2 bldg., etc.)	UURY OCCUR?	II in Baltimori	City, give exact	location)		
22D. TIME ( OF INJURY (APPROX.)	(Month) (Doy) (Y	1	WHILE AT NOT AT W	WHILE	2F. HOWDID INJ	URY OCCU	R?	M. 11		
23.										
	Ify that I held an led from: Natural c	Inquiry L	Inspection X Au	topsy 🔲 le 🔲 🖁 Ho	and that on th			inion		
ACTUAL	1	1201	1/1/		HIEF MEDICAL E				DAYE CICAL	CD
SIGNATU		1 111	Work M.D	ASSIS	TANT MEDICAL E	XAMINER	X		DATE SIGN	ED
PAME (T		N. Kornb	lum,M.D.	ASSO	CIATE MEDICAL E	XAMINER [	] {	3/16/7	70	
24A. BURIAL CREA REMOVAL (Specif	MATION, 248. DATE	1 100 24	C. NAME of CEMETERY	or CREMATO	RY 24D. I	OCATION	(City, town, c	r county)	(Stote	)
Dunial 25A. DATE REC'D	BY HEALTH DEPT.	258 NAME	OF REGISTRAR	ark &	UNERAL DIRECTO	Ellens	22-	2555 6	1100-	
	AUG 1 8 197	1 Vaber	E. Jaber, M.D.	2	hn J. la	owau p	In The	RESS 9	ellin	ett.
S 151-REV. 1/1/68					1			9	S. net	10



C-6261			70	8194		HEALTH DEPAR		70	8194
c the stand	BIF	RTH NO.		OTOB	CERTIFICA	TE OF DE	ATH R	EG. NO	0-0-2
0 0 CV	(Ту	Pe or Print)	regger	Dale	R.		2. DATE AND HOUR	OF DEATH	1010AM
at h	3.	PLACE IN BALTI	MORE MANULAND, W	HERE PRONOUNC	ED DEAD	4. USUAL RESIDI	ENCE (Where decease B. COUNTY	d lived Il institution te	sidence before odmission
hos ise (5) de	FU HC IN	LL NAME OF SPITAL OR STITUTION	HE NOT IN HOSPITA	AL OR INSTITUTION	N, GIVE STREET	C, CITY OR TOWN	6 Wart	n Rolffg	1 536
	1	X,	2: Ho	mita	1 -	B0 4	1 21221	D. INSIDE CHY LII	NO 🔀
70.2	or.	Sui		100	1	E. STREET AND I		Pol	
occurrent intribution in the second of the s	5. 5	EX 6	RACE	7. MARRIED AN	IEVER MARRIED	B. DATE OF BIRTH		n yeors   Il Under	1 Yr. II Under 24 Hrs.
		M	W	WIDOWED	DIVORCED	31971	22 lost birthdo	Months	1 Yr. Il Under 24 Hrs. Doys Hours Min.
	don	<ul> <li>USUAL OCCUP.</li> <li>during most of wor</li> </ul>	ATION (Give kind of work king life, even if relired)	10B, KIND OF BUS	INESS OR INDUSTRY	11. BIRTHPLACE S	tote or foreign country	1 12. CITIZ	EN OF WHAT COUNTRY
if death rect or c (4) Undet was in the december 1	_	lectricia		Fischer	Body Co.	Idaho		т	SA
if dect wa wa the	13.	FATHER'S NAME				14. MOTHER'S M.	AIDEN NAME		
Antification of the control of the c			William Cre			1	artha Cregg	ger	
AN stant ind; ind; al di	15. Yes	Was Deceased Ev , no or unknown! !!!	er in U. S. Armed Forc	es? 16.	SOCIAL SECURITY NO.	17. INFORMANT	11.1 11	301 111	ADDRESS /
Find A A Poil	Ye.	S	Navy WWll		0 18 3225	Wafe.	Toler 1	- 526 War	tontal 21
IMPOI or his as Also, if e of any nounced attenda		18.162	/ 1		CAUSE OF DEATH			1.	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
or his Also, e of a nounce attended or		DISEASE	OR CONDITION DIR	ECTLY		(1). 1		116	)
0 4 5 5 0 5		(This does not	meen the mode of	dying, e.g.,	(A) IMMEDIATE CAU	CONSEQUENCE O	nouar	1 Empoli	
Miner. fracture properties of properties of properties of properties of properties of properties of the properties of th		injury or compli	lhenio, etc. Il meons l colion which coused o	lhe diseose, deoth.)		/	/		
T Fright		AN	TECEDENT CAUSES		(-)	Bost &	2. det m	merria y	5
RECTOR: examiner. 3) A fracture propriet who propriet are emba		DISEASES OR	CONDITIONS, If o	ny, giving	DUE TO, OR AS	A CONSEQUENCE	OF:	2	27
DIRECTOR: ical examiner al examiner. s; (3) A fractu tian who pro as in regular ains are emba		UNDERLYING	obove couse (A)	sloling lhe	(c)	2 hu	up CA	4	/
= 0 = .= 0 0	٠		11		- 7		7	<b>*</b>	
FUNERAL DIF le chief medical by a medical of 2) Body burns; (() e the physician physician was in ore the remains	ATION	OTHER SIGNIFICATO THE DEATH B	NT CONDITIONS CON	TRIBUTING E TERMINAL	/		U		
NER hief ody be p sicia	CA	DISTASE OF COM	PERATION 119B. COND	I (A).	OPERATION	20A. AUTOPST7	IVes of New 20B 15 M		
chief y a n Body the p	틸	3 8/15/	O WAS PERFO	RMED CA		2010/31/	IN CERTI	ES, WERE FINDINGS OF DI	CONSIDERED
_ 4=0 F LA		21 A. ACCIDENT OR CONTRIBUTION DEATH (notify me	WAS UNDERLTING	21B, PLAC	E OF INJURY (e.g., in n, foctory, street, offi	or about 21 C. WHE	RE DID (IF	In Boltimore City, give	exoct locotion)
20 2 2 7	OIC			(Hour) 21 E INJU					
hose hose natu d (6)	319	OF INJURY	Con treat	While At	RT OCCURRED Not While		DID INJURT OCCU	R?	
xce ny ny ny ny ny ny ny ny ny ny ny ny ny	-		. //> / .!	Work	☐ At Work	7//		21-	
8 - 8 · · · ·			t (1) (this hospital)		ceased from	1/70		0 8/10	19 (10)
4 to 1 to 1	- 1					1970	and that In (my)	(our) opinion deoth	accurred on the date
ust be eased ident hospit must	2	3A. SIGNATURE	om the couses state	d 056Ve. (1) (#e.	(did) (did not) vi	bw the bady after	r death.	lana B.455	
rie of rie		1	Much	è sa a	Atten	ding Med.	or Staff Phys.	23 B. DATE	15-/7m
s ref	1	NAME (Type	1 Do t	1	- CONEC	D. ADDRESS	Phys.		5/10.
rificate m y was rel 1) An acc 2.A. at a l d prior to approval			1.110	vantes	vy	200 Co	ld Spain	e ho - 21-	40
1 × E 0 B B	24A.	BURIAL CREMA REMOVAL (Spec Burial	HON, 24B. DATE	1	DEGREE		24D. LOCATION	1City, town, or o	countyl (Stotel
P S S S S S S S S S S S S S S S S S S S			, , ,	The second secon	ns of Faith	Cemetery	Baltimor	7	
This certif the body shows: (1) was D.O.A deceased written ap	25A.	AUG	HEALTH DEPT.	SE NAME OF REG	STRAR	25C FUTHERAL	DIRECTOR		CADDRESS
15	_	50-REV. 1/1/68	10 010	7-0		Bruzdzins	ki Funeral	1/1	astern Ave.



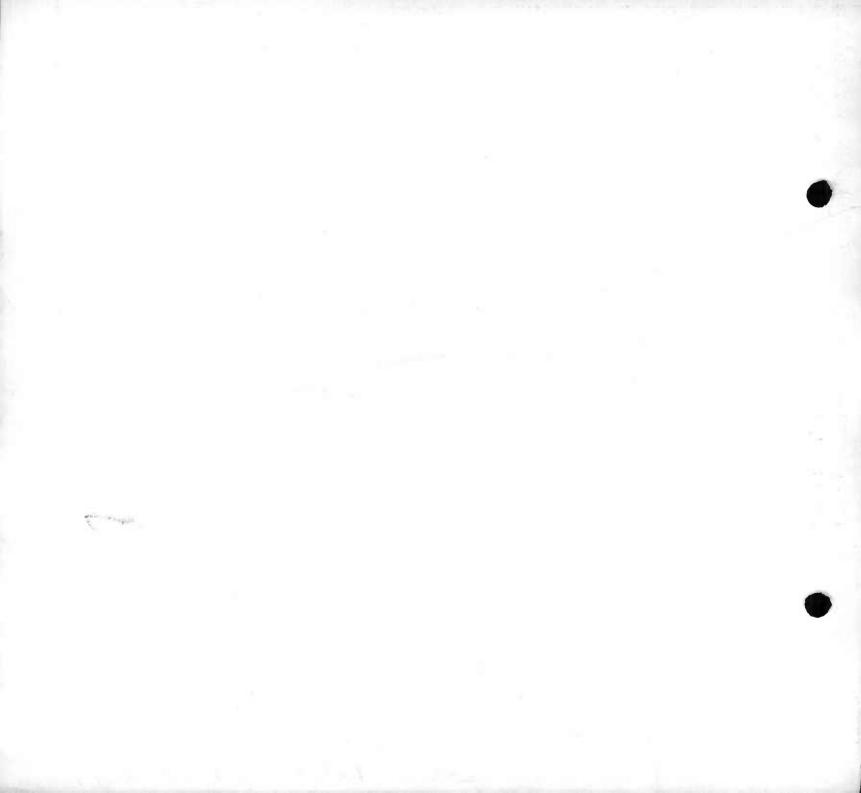
-	4001	70 8195 CERTIFICATE OF PEATTHENT 70 8195
1	sed the corp	BIRTH NO. CERTIFICATE OF DEATH
f de f de on on h. S	(Type or Print)  KELLY, LEO B.  2. DATE AND HOUR OF DEATH  AUGUST 17, 1970   4:40A	
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceosed lived, If institution; residence before admission)  A. STATE  B. COUNTY	
	nospita se of (5) Dec ance o death.	
	caus se; (se)	[INSTITUTION D. INSIDE CITY LIMITS?
E 24 4	ST. AGNES HOSPITAL  WILKENS & CATON AVE.  BALTIMORE  E. STREET AND NUMBER	
	contributing contributing fermined car regular att eased prior	BALTO MD. 21W29 5201 BARBARA AVE. 21206
	- 200 B	5. SEX   6. RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   11 Under 1 Yr. , 11 Under 24 His.
	contribution contribution contribution contribution in regular eccased pronis made.	MALE   WHITE   WIDOWEDK   DIVORCED     05 = 02 = 00   70   ! ! !
	th contract of the contract of	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or loveign country)  12. CITIZEN OF WHAT COUNTRY?
	S Piti	RETIRED TRUCK DR VER TRUKKING CO. MARYLAND USA
	if d (4) U wa the ispos	13. FATHER'S NAME
7	dire dire d; (4 ath v	SIMON KELLY DEC'D MARY RIGLEY DEC'D
A	0 0 0 -	15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) Ut yes, give wor or dotes of service)  16. SOCIAL SECURITY NO. OCCUPANT OF THE PROPERTY OF T
Ξ	A 4- 770 0 .	YES WW1 220-05-2831 ST. AGNES HOSPITAL RECORD ROOM  [18. 44 44 74 74 74 74 74 74 74 74 74 74 74
9	W . D U E	DISEASE OR CONDITION DIRECTLY
OR: IA	M O 3 + B	LEADING TO DEATH
	examiner or examiner. Al 3) A fracture in who prono in regular at are embalm.	The state of the s
		ANTECEDENT CAUSES  Accordant f. borllation, CHF
5		DISEASES OR CONDITIONS, II any, giving  (B)  DUE TO, OR AS A CONSEQUENCE OF:
DIRECT	al ex an v an v in	rise to the obove cause (A) stoling the
	7 7 6	UNDERLYING CONDITION last, (C)
A	medical medical burns; physicic an was remain	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL
FUNERAL	TE > C.D o	Ulisease or Condition Given in Part 1 (a).
Z	E OE OF	198. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 200. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
5	500 545	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID   (if in Boltimore City, give exect location)   OR CONTRIBUTING   CAUSE OF   home, form, fociory, street, office bidg., INJURY OCCUR?
		DEATH (notify medical examined sets)
	proved by the hospital in y nature; (except whe and (6) No obtained be	21D. YIME (Month) (Doy) (Yeorl (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While At Not While
	he h ny nc excep and btail	Werk At Work
	A	22. I certify that (1) (this hospital) attended the deceased from 8-17-70 19 to 8-17- 1970  that (1) (we) last saw the deceased give on 8-17- 19 70 and that in (X) (our) applies death accurred on the determinant
	55050	- The state of the
	ust be a eased to ident of hospital o death) must be	and haur and from the causes stated abave. (*We) (did) **(d)*(d)*(d)*(d)*(d)*(d)*(d)*(d)*(d)*(d
		Pricha Bronswaring in Jacques   Attending   Med.   Staff     Director   Phys.
	ac ac	230° PHYSICIAN'S NAME (Type)  230° ADDRESS  BALTO, MD 21229
	certificat body was vs: (1) An D.O.A. at assed pric	DR. ARICHA BOONSWANG ST. AGNES HOSPITAL; CATON & WILKENS AV
	E SO S E	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stole)
	ws: Ws: D.	Burial 8/19/70 New Cathedral Cem. Balto., Md.
	This certificate m the body was relishows: (1) An acci was D.O.A. at a b deceased prior to	AUG 18 1570 258, NAME OF REGISTRAS AUG 18 1570 258, NAME OF REGISTRAS AUG 18 1570 258, NAME OF REGISTRAS AUG. ADDRESS
		VS 150-REV. 1/1/68

IMPORTAN DIRECTOR: FUNERAL

VS 150-REV. 1/1/6B

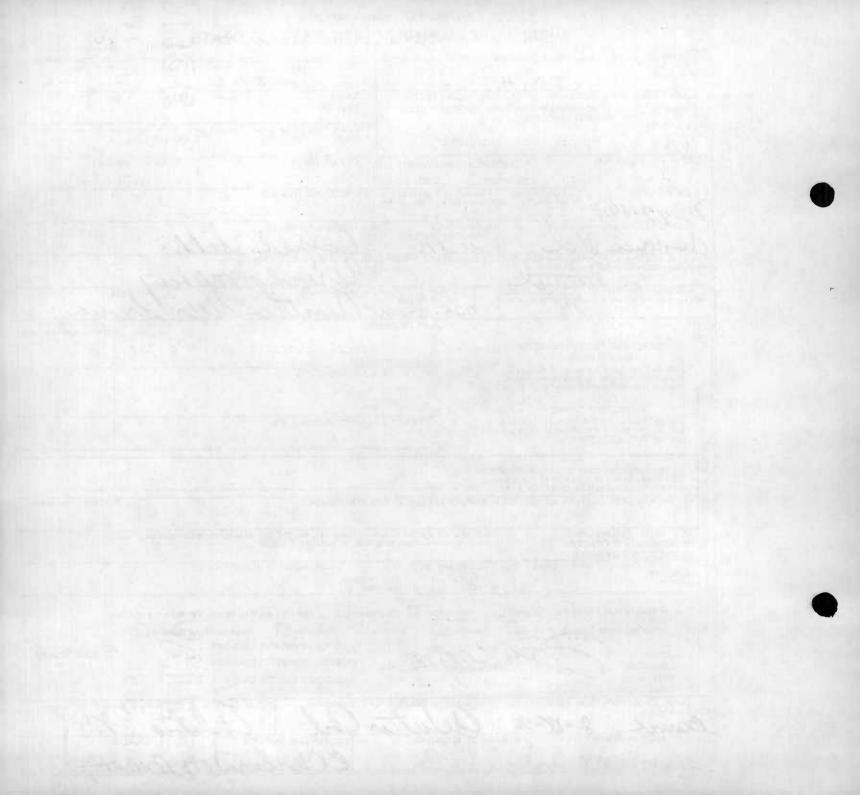
D. INSIDE CITY LIMITS YES 🗸 No [ 2/230 If Under 1 Ya If Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? Bero + ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20R IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (Il in Boltimore City, give exoct location) and that in (my) (out) apinion death accurred on the dote 238 DATE SIGNED (county) (City, town, (State) Calvert Md.

3	- 1	10 8197 DALIMONE CITY HEALTH DEPARTMENT
5-5	200	CERTIFICATE OF DEATH REG. NO.
9	the Such	I. NAME OF DECEASED
- 7	P. 0.4	(Type by Pring) RANDOLPH TOHN SON 8/14/70 4:01 PM
5 m 200	9 6 5	3. PLACE IN BALTIMORE, MARYLAND, WHERE FRONOUNCED DEAD  4. USUAL RESIDENCE (Where decreased lived, If institution; residence before admission)  A. STATE  B. COUNTY
	de d	FULL NAME OF HE NOT IN HOSPITAL OF INSTITUTION CIVE STREET
	o pe	INSTITUTION D. INSIDE CITY LIMITS?
0 /- = :	Ter T	BALTIMORE YES NO
D.i. D.i.	u 8.=	DOHOS HOPKINS HOSPITAS E. STREET AND NUMBER
25	200	
3:2:	o	MARKIED NEVER MARKIED   10 Markier   10 mager   16   11 Under 24 His.
ontrile	regures ease is m	WIDOWED DIVORCED 6/16/01 38
£ . \$	E O E	done during most of working life even it retired
900	, P .=	Clared Migrael 11/1
if of i	we the	13. FATHER'S NAME
		WILLIAM SUSAN Dohuson
TAN Stant	5 5 0 -	15. Was Deceased Ever to U. S. Armed Forces? (Yes, no or unknown) Illf yos, give war or dates of service)  16. SOCIAL SECURITY NO.  17. INFORMANT  ADDRESS
Sis 4:2	de	no 213-17-4000 lally Duthern Land
OR ass	or for	18. 4 / O P CAUSE OF DEATH APPROXIMATE INTERVAL
L .= 3	000	BETWEEN ONSET AND DEATH
IM IM	0 7 5	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (A) IMMAEDIATE CAUSE  (Carchiae arrest
E C		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,
FORE miner niner.	3 - 3 E	injury or camplication which caused death.)
RELEAS BEGTOI examine 3) A frag	C 0 .	ANTECEDENT CAUSES  DISEASES ON CONDITIONS (8)
REL SE SX	2 - 0	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the
= B_	J	UNDERLYING CONDITION last. (c) 1930-11
ALER medical burns:	physicia an was remain	z
	phy an	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING I TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)
S ME	- ·- W	
EUNER FUNER	1 = 30	198. CONDITION FOR WHICH OPERATION WAS PERFORMED  198. CONDITION FOR WHICH OPERATION WAS PERFORMED  208. IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
S 5 6 6	i o do	(It in Boltimore Cliv, give exect location)
JOHNSON MEDICAE red by the hospital E	2 - 2	DEATH (notify medical examiner) hame, fortary, street, office bidg., INJURY OCCUR?
NHO d b	· > 71	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
A Page		While At Not While At Work
_ 0 0		22. I certify that (1) (this hospital) attended the deceased from 6/13 19/0 to 7-10 19/20
Had a se		that (we) last saw the deceased alive an 8/4 19 70 and that in (ag) (aur) apinian death accurred an the date
DOI DOI DOI DOI DOI DOI DOI DOI DOI DOI	tal th)	and haur and from the causes stated abave. (We) (did) (dieset) view the bady after death.
RANDOL ust be appared to dent of	hospital o death) must be	23A. SIGNATURE 23B. DATE SIGNED
must eleas		13 Mee Ci. Sets Attending Med. Stoff 19 Aug 14 1970
0 0 0	D TO	23C. PHYSICIAN'S NAME (Type)  23D. ADDRESS
# 2 2 5	A. at a prior t pproval	BRUCE A. ROTS MIN. The JOHNS ADDITAL
BODY Wedy Wedy World	A p B	24A BURIAL CREMATION, 124B, DATE 124C, NAME of CRAMETERS OF CREMATION
B od	00 -	REMOVAL (Specify)  1 -19-01)  (Stote)
This ce	20.5	25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR   25C9 FUNERAL DIRECTOR ADDRESS
This the	was dece writh	AUG 18 1970 Pabe & E. Jahr MA (D) clow for Branton by
	- 11	/S 150-REV. 1/1/68





70 8199 BALTIMORE CITY HEALT	TH DEPARTMENT
MEDICAL EXAMINER'S CFI	RTIFICATE OF DEATH REG. NO. 70 8199
BIRTH NO.	REG. NO. OLOG
(Ivne or Print)	DATE Known Month Doy Year Hour
William Sills H	OF DEATH Estimoted & 8 13 70 11:45 PM.
	DATE Month Day Year Hour
HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD 8 13 70 11:45 pm.
OR INSTITUTION 5.	USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)
Church Home Hospital	STATE B. COUNTY 50/
6. SEX 7. RACE 8. MARRIED NEVER MARRIED C.	CITY OR TOWN D. INSIDE CITY LIMITS?
male Negro WIDOWED DIVORCED	Balto. YES NO [
9. DATE OF BIRTH   10. AGE (in years   1 Under 1 Yr.   1 Under 24 Hrs.   E. 1   Last birthday   Months   Days   Hours   Min.	STREET AND NUMBER
may 7-1918 52	118 N. Central Avenue
	FATHER'S NAME
chiporice / a WHAT COUNTRY?	(sarfuld Sells
IAA.USUAL OCCUPATION (Give kind of work) 148, KIND OF BUSINESS OR INDUSTRY 15.	MOTHER'S MAIDEN NAME
Vitual X	Chilada malus
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no er unknown)(If yes, give work of dotes of service)  18. SECURITY NO.	INFORMANT
225-16-2145	Wenther Alle Sand
19. 4 CAUSE OF DEATH	APPROXIMATE INTERVAL
	BETWEEN ONSET AND DEATH
LEADING TO DEATH	teriosclerotic Cardiovascular
(A)IMMEDIATE CAUS  (This does not mean the mode of dying, e.g.,  DUE TO, OR AS A	CONSEQUENCE OF:
heart follure, osthenia, etc. it means the disease, injury or complication which coused death.)	
ANTECEDENT CAUSES (D)	
ID.	A CONSEQUENCE OF:
UNDEKLING CONDITION LAST.	
Z (c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION WAS PI	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS P	ERFORMED  21. AUTOPSY? (Yes or No)
0	no
Z22A. EXTERNAL CAUSE WAS 122B, PLACE OF INJURY(e.g., in or	g ghout 22C, WHERE DID /II in Rollingra City, sive exect legition
UNDERLYING OR CONTRIB-	g., etc.) INJURY OCCUR?
22D. TIME (Month) (Doy) (Year) (Hour) 22E INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
(APPROX.) WHILE AT NOT WHILE	LE CT
23. m. WORK AT WORK	
I certify that I held an Inquiry Inspection X Autops	
	and that on this basis, death in my opinion
resulted from: Natural causes 🖾 Accident 🗆 Suicide	and that on this basis, death in my opinion  Homicide Undetermined manner
ACTUAL Suicide Causes Accident Suicide C	and that on this basis, death in my opinion  Homicide Undetermined manner  CHIEF MEDICAL EXAMINER DATE SIGNED
ACTUAL SIGNATURE ACTUAL SIGNATURE ACTUAL M.D.	and that on this basis, death in my opinion  Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED  ASSISTANT MEDICAL EXAMINER 8/14/70
ACTUAL Suicide Causes Accident Suicide C	and that on this basis, death in my opinion  Homicide Undetermined manner  CHIEF MEDICAL EXAMINER DATE SIGNED
ACTUAL SIGNATURE EXAMINER'S NAME (Type)  24A. BURIAL CREMATION.   24B. DATE  124C. NAME of CEMETERY or C.	and that on this basis, death in my opinion  Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED  ASSISTANT MEDICAL EXAMINER 8/14/70  ASSOCIATE MEDICAL EXAMINER CHIEF
ACTUAL SIGNATURE EXAMINER'S NAME (Type)  Accident Suicide  Suicide  Accident Manual  Suicide  M.D.  Suicide  M.D.	and that on this basis, death in my opinion  Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED  ASSISTANT MEDICAL EXAMINER 8/14/70  ASSOCIATE MEDICAL EXAMINER SIGNED
ACTUAL SIGNATURE EXAMINER'S NAME (Type)  24A. BURIAL CREMATION, REMOVAL (Specify)  C-18-90  Accident Suicide M.D. M.D.  24C. NAME of CEMETERY or C.  CONTROL OF CEMETERY OF C.  CONTROL OF CEMETERY OF C.  CONTROL OF CEMETERY OF C.  CONTROL OF CEMETERY OF C.  CONTROL OF CEMETERY OF C.  CONTROL OF CEMETERY OF C.  CONTROL OF CEMETERY OF C.  CONTROL OF CEMETERY OF C.  CONTROL OF CEMETERY OF C.  CONTROL OF CEMETERY OF C.  CONTROL	and that on this basis, death in my opinion  Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED  ASSISTANT MEDICAL EXAMINER SIGNED  ASSOCIATE MEDICAL EXAMINER CITY  CREMATORY  24D. LOCATION (City, town, or county) (State)
ACTUAL SIGNATURE EXAMINER'S NAME (Type)  24A. BURIAL CREMATION, REMOVAL (Specify)  25A. DATE REC'D BY HEALTH DEPT.  REMOVAL (Specify)  25B. NAME OF REGISTRAR	and that on this basis, death in my opinion  Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED  ASSISTANT MEDICAL EXAMINER S  ASSOCIATE MEDICAL EXAMINER S  ASSOCIATE MEDICAL EXAMINER S
ACTUAL SIGNATURE EXAMINER'S NAME (Type)  24A. BURIAL CREMATION, REMOVAL (Specify)  C-18-90  Accident Suicide M.D. M.D.  24C. NAME of CEMETERY or C.  CONTROL OF CEMETERY OF C.  CONTROL OF CEMETERY OF C.  CONTROL OF CEMETERY OF C.  CONTROL OF CEMETERY OF C.  CONTROL OF CEMETERY OF C.  CONTROL OF CEMETERY OF C.  CONTROL OF CEMETERY OF C.  CONTROL OF CEMETERY OF C.  CONTROL OF CEMETERY OF C.  CONTROL OF CEMETERY OF C.  CONTROL OF CEMETERY OF C.  CONTROL OF	and that on this basis, death in my opinion  Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED  ASSISTANT MEDICAL EXAMINER SIGNED  ASSOCIATE MEDICAL EXAMINER CITY  CREMATORY  24D. LOCATION (City, town, or county) (Signe)

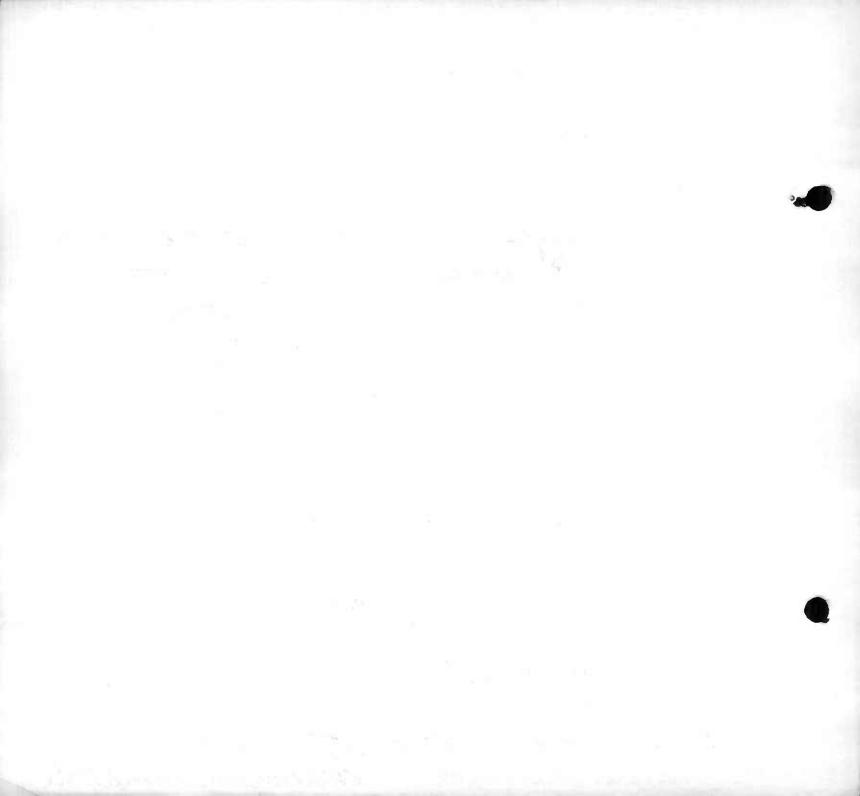


IMPORTANT

DIRECTOR:

FUNERAL

10 GLEN BURNIE D. INSIDE CITY LIMITS? YES T No F If Under 1 Yr. Months! Doys If Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20% IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exoct location) and that in(my) (aur) opinion death accurred on the dote 238, DATE SIGNED (City, town, or county) (Stote) ADDRESS VS 150-REV. 1/1/68



	1.00/	, m	0	BALTIMORE CIT	Y HEALTH DE	PARTMENT		70	06.411	
BIR	TH NO.	7	0 820	1 CERTIFICA	ATE OF	DEATH	REG. NO	.70	82111	
1. N	AME OF DECE		s Jones				ND HOUR OF DEAT	н	30.05	
3, 1	PLACE IN BALT	IMORE MARYLAND,		NCED DEAD	4. USUAL RE	SIDENCE (Who	5-70 ero deceased lived. If	institution; re	10:35	De M
HO	LL NAME OF SPITAL OR STITUTION	(IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTITU	TION, GIVE STREET	Mary]	and	N IY	ISIDE CITY LI	130	3
1	9.8		ent nosp Division	ital, Inc.	Balti	more		YES TO	NO 🗌	
ú	27			ryland 21217		Draid H	ill Avenue			
5. S	emale	6. RACE Negro	WIDOWED		8. DATE OF 8	-O7	9. AGE (in years last birthday)	II Under	1 Ye. Il Und Days Hours	der 24 Hrs. Min.
done	. USUAL OCCU • during most of w Inemploye	orking life, even il retired)	NIOB, KIND OF	BUSINESS OR INDUSTR		CE (Stote or fore	eign countryl		S.A.	COUNTRY
13. [	FATHER'S NAM	E	F .			S MAIDEN NA	ME (			
	Turn		NO		Henry	utter 2	nilla			
Yos	Was Deceased , no or unknown)	Ever in U. S. Armed Fo	ces?	6. SOCIAL SECURITY NO.	17. INFORMA	NT ,			ADDRESS	
		no			Con	me	anna	,		
	18. 42	XI		CAUSE OF DEA	TH		1	10	APPROXIMATE	
	DISEASI	OR CONDITION DI	RECTLY		Ko	al.	Faller	0)		
1	(This does no	t mean the mode of	dying, e.g.,	(A) IMMEDIATE CA	A CONSEQUEN	CE OF:	, coola			**********
	injury or comp	isthenia, etc. It means lication which caused	the disease, death.)	2.4		0 11		- 1		
	A	NTECEDENT CAUSES		(B) Clu	min	CH	F			
	DISEASES OF	CONDITIONS, if abave cause (A)	any, giving	DUE TO, OR A	S A CONSEQUE	NCE OF:	- 0	7)		
		CONDITION last	siding the	(c) run	My 1	usori	redeal ,	Juses	ip	
NOIL.	TO THE DEATH	ANT CONDITIONS CO	HE TERMINAL	CVA	wil	left,	Heuph	leije		
CERTIFICATION	19A-DATE OF	DPERATION 198 CON WAS PER	DITION FOR W	HICH OPERATION	20A. AUTO	Part (Yes or N	D) 208. IF YES, WERI	MNDINGS AUSES OF D	CONSIDERED EATH?	
اب	21A. ACCIDENT OR CONTRIBUT DEATH (notify a	WAS UNDERLYING THE CAUSE OF medical examines	218, P hame, etc.)	LACE OF INJURY (e.g., farm, loctory, street, (	_	WHERE DID	(II In Boltim	oro City, give	exoct lacotion)	
MEDI	OF INJURY	(Month) (Day) (Year)		NJURY OCCURRED		HOW DID IN	URY OCCUR?			
L	(APPROX.)	4	Work	Al Wark						
		hat (I) (this hospita			7-3-70	***************************************	19to8 <u>-</u>	15-70	19	9
- 1		ast saw the decease		(	19		at in (my) (our) op	Inton deat	h occurred on	the date
	and hour ond		ed above. (1)	(We) (did) (did nat)	view the bady	ofter death.				
		MINAM	10.	Att	ending []	Med.	Staff P		SIGNED	
	23C. PHYSICIAN	rs	guy	DEGREE Phy	23D. ADDRESS	Director L	Staff Phys.	8	17-70	
	23C. PHYSICIAN NAME (Typ	Manankil	M.D.			Divici	on Street	13		
24A		ATION, 248. DATE		ME OF CEMETERY OF CH				City, town, or	countri/	(Stote)
	Bur	1 8-20 N	n /de	Lutu Car	ut.	//	lution	21	rel	
25A		Y HEALTH DEPT.	25B. NAME OF		250 FUNE	RAL DIRECTO	-		ADDRESS	
VC *	AUG1		E. Falle	16.00	8011	Mes	10ms/m	limit	Tu he	1
49	50-REV. 1/1/61									

IMPORTANT

DIRECTOR:

FUNERAL

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE
B. COUNTY D. INSIDE CITY LIMITS? YES 🔽 NO If Under 1 Tr. If Under 24 Hrs. Months! Doys Hours Min. 12. CITIZEN OF WHAT COUNTRY? USA APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPST? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exect facotion) and that In (my) (our) apinion death occurred on the date 238 DATE SIGNE (City, town, or county) Isaiah L. Brown & Son. 123 W. Mont.

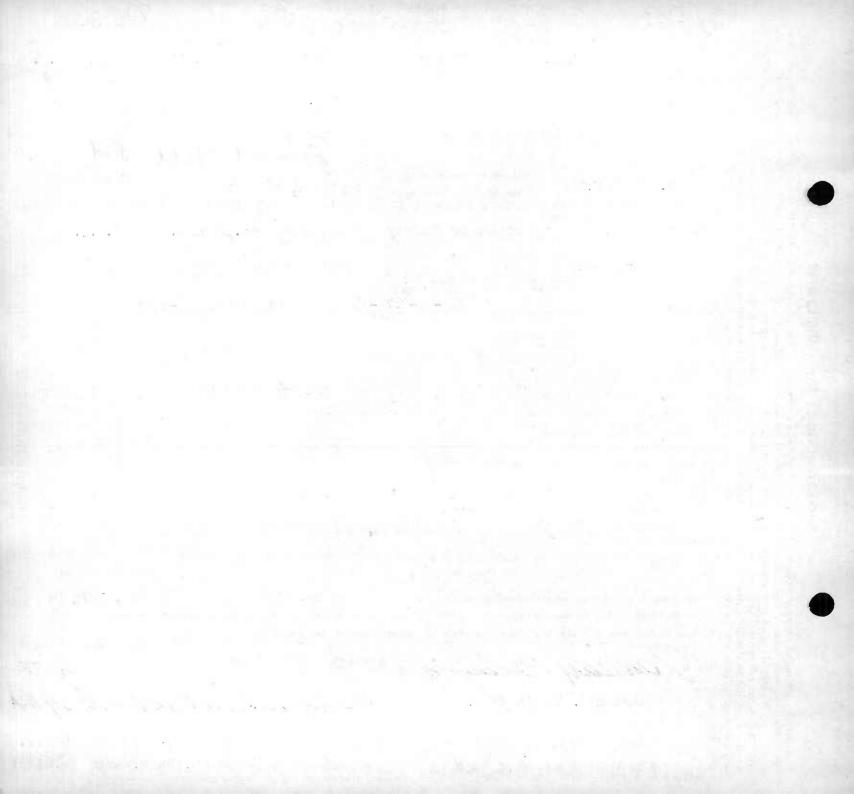


C-643 70	BALTIMORE CITY	Y HEALTH DEPARTMENT		70 8203
BIRTH NO.	203 CERTIFICA	TE OF DEATH	REG. NO.	0.000
(Type or Print)	Scarl ++		D HOUR OF DEATH	
3. PLACE IN BALTIMORE, MARYLAND, WHERE I	PRONOUNCED DEAD	4. USUAL RESIDENCE (Whe	- 11-70	stitution; residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	MO Bal	timoro a	DE CITY LIMITS?
420		Baltimor		YES X NO
I Jenai Hospi	to Dicor	Bellive Ave		
5. SEX 6. RACE D 7. MA	RRIED NEVER MARRIED		9. AGE (In years /	If Under 1 Yr., If Under 24 Hrs.
	OWED DIVORCED		7/	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KII done during most of working lile, even if retired)	ND OF BUSINESS OR INDUSTRY	BWI	gn country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ME	
Eubuit		Safah Hall		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown! (II yes, give wor or dates of set	vice) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
18. 4/ 2 1	CAUSE OF DEATI	1		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying,	(A) IMMEDIATE CAU	SE CVA		72 hours
heart failure, asthenia, etc. It means the dis injury ar camplication which caused death.)	ence	A CONSEQUENCE OF:		******************************
ANTECEDENT CAUSES	4.4	<i>*</i>		
DISEASES OR CONDITIONS, if any,	giving DUE TO, OR AS	TENSION A CONSEQUENCE OF:	-	6 years
rise to the obave cause (A) stating UNDERLYING CONDITION last		CVO		> 6 40000
11	( )			- Jacob
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	INAL		74 070 07 06 06 06 06 06 06 06 06 06 06 06 06 06	
194. DATE OF OPERATION 198. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIR	NDINGS CONSIDERED
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218, PLACE OF INJURY le.g., in	or obout 21 C. WHERE DID		City, give exoct location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)  21D.TIME (Month) (Doyl (Year) (Hour) OF INJURY	home, form, foctory, street, off	ice bidg. INJURY OCCUR?	p. m sommore	ony, give exoct locotion;
OF INJURY (Month) (Doyl (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
(APPROX)	While At Work  Not While At Work			
22. I certify that (1) (this hospital) attend	ded the deceased from	P-P- 1	70 to	8-11- 1970
that (1) (we) last saw the deceased alive	an	- 19 20 and the	t in(my) (aur) apini	an death accurred an the date
and have and from the causes stated above	ve. (1) (We) (did) (did nat) vl	ew the body after death.		
Dala In Ed.	A M D Atten	ding Med. my		38. DATE SIGNED
23C. PHYSICIAN'S NAME ITypel	DEGREE Phys.	Director L F	hys. 📈	8-12-70
ROBERT N. EGB		2 '		
24A. BURIAL CREMATION, 24B. DATE	IC. NAME OF CEMETERY OF CREA	MATORY 24D. LO	CATION (City	town, or county) (State)
Burial 8-17-70	Mt Abburn Ct			town, or county) (Stotel
25A. DATE REC'D BY HEALTH DEPT.   25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	Can	ADDRESS
AUG 18 1970 Robert E. Raile	ing ALD	25C. FUNERAL DIVECTOR	3 W. Montgo	omery Street
VS 150-REV. 1/1/68				

4E Belvieu AVE

...

The II have



1	7-525 70 82	£ 3 Pm	HEALTH DEPARTMENT	REG. NO.	70 8205
1.	RTH NO.  NAME OF DECEASED  Pe or Pant)  WILLIAM TINSC	CERTIFICA		D HOUR OF DEATH	. 5 AM.
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO				tilution: residence before admission
FL H	JLL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	345	MARYLAND C. CITY OR TOWN BALTIMORE	-32.	DE CITY LIMITS?
6	BOLTON HILL NURSING CENT	TER	E. STREET AND NUMBER 504 Wyoth S	T	YES NO
	MAIC MEGYAIN WIDOW		0-10-09	c. AGE (In yeers ast birth (by)	If Under 1 Yr. If Under 24 His. Menths Doys Hours Min.
qoi	LUSUAL OCCUPATION Give kind of work 10B, KINI ne during most of working life, even if refired)	OF BUSINESS OR INDUSTRY	MARY AND	country)	12. CITIZEN OF WHAT COUNTRY
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAN	IE .	7. S. A.
	Um De		) 10 B		
15. (Ye	Wes Decessed Ever in U. S. Armed Ferces? s,ne er unknown) (If yes, give war or detes of servi	210-03-2639	17. INFORMANT ADMISSION	RECORD	ADDRESS
	18. 4 6 X 1	CAUSE OF DEAT	H )		APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY		1.0.		BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A) IMMEDIATE CAU		2	7 Well
	(This does not mean the mode of dying, heart laiture, osthenia, etc. It means the dise	e.g., DUE TO, OR AS	A CONSEQUENCE OF:		
	injury or complication which caused death.)				
	ANTECEDENT CAUSES	(8)			
	DISEASES OR CONDITIONS, il any, gir rise le lhe above cause IA) slaling UNDERLYING CONDITION last.	ring DUE TO, OR AS	A CONSEQUENCE OF:		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	NG SEL ASM	V) - Cechio	Musiker	is 2 mos
RTIFIC	19A-DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or Ne)	20B, IF YES, WERE FILL IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
CAL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (netily medical exemine)	21B. PLACE OF INJURY (e.g., in heme, ferm, foctory, street, of etc.)	rer ebout 21C. WHERE DID	(If in Beltimere	City, give exect locotien)
MEDI	210-TIME (Month) (Dey) (Yeer) (Hour) OF INJURY (APPROX.)	21E INJURY OCCURRED While At Werk Work At Werk		RY OCCUR?	
	22. I certify that (1) (this hospital) attended		8-12-70 19	)to\$	16-10 19
	that (1) (we) lost sow the deceased alive			in(my) (our) opini	on death accurred on the date
	and hour and from the causes stated above	(1) (We) (did) (did not) v	lew the body ofter deoth.		
	23A. SIGNATURE	Kerk Lev Atter	mding Med. S	toff hys.	S-17-70
	23C. PHYSICIAN'S NAME (Type)	R MI)	429 S Ch	Tee &	7
13	hune 8-20-70	That Calada	6 + 8	CATION (City,	tewn, er county) (Stete)
254	DATE REC'D BY HEALTH DEPT. 258, NAM	AF OF REGISTRAR	25C. FUNERAL DIRECTOR	The state of the s	ADDRESS /

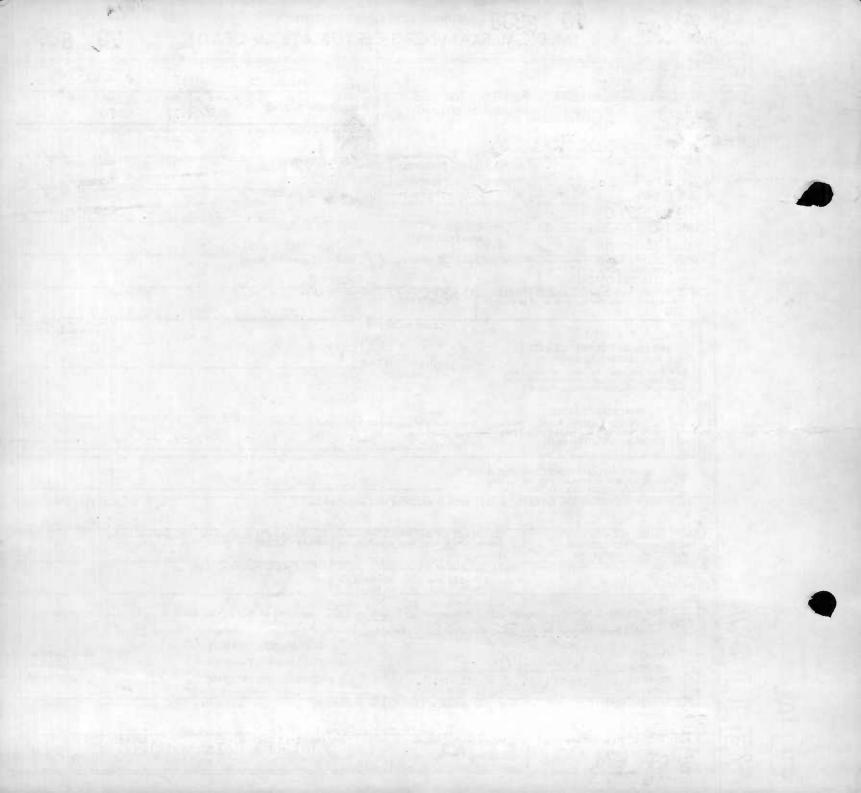




VS 150-REV. 1/1/68

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4-425	•	70 E	320	8 BALTIMORE CITY HE EXAMINER'S			DEAT	н	70	0208
BIRTH NO.		MILD	CAL	LAMMINIALKS	LKIIII	CAIL OI	DLAI	REG. NO.	70	0200
NAME OF DEC	EASED				2. DATE	Known 🔲	Month	Doy	Year	Hour
(Type or Print)	Lloyd				OF DEATH	Estimoted 2014	8	17	70	7:30 a. <sub>M.</sub>
				RONOUNCED DEAD	3. DATE	JNCED DEAD	Month	Day	Yeor	Hour
FULL NAME OF FOSPITAL OR INSTITUTION	ADDRES	SS OR LOCAT	ION)	TITUTION, GIVE STREET			8	17	70	7:30a M.
( )	2443	Franc	is S	t.	A. STATE	ESIDENCE (Where	deceosed li	B. COUNTY	n: residence	before admission)
6. SEX	7. RACE		8. MARR	RIED NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE C	ITY LIMITS?	
male	Negr		WIDOV			alto.		Υ	ESX.	NO O
2 DATE OF BIRTH	1	10.AGE (In lost birthdoy 29		If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.	E. STREET	1612 W	. Sarai	oga St.		
Baltin	nore 1	Md		MHAP CONTINAS		nius Ho	lcomb			
4A.USUAL OCCUI	PATION (Give	kind of work I	4B. KIND	OF BUSINESS OR INDUSTR	15. MOTHE	R'S MAIDEN NA	WE			1414111
Unen	ploye	d			Mab	el				I STATE
6. WAS DECEASE Yes, no or unknown)					18. INFORM			A	DDRESS	
no	, , , , , , , , , , , , , , , , , , ,				Mr	s Mabel	Holco	mb. 10	24 W	Lexington
19. 91	+6 1X			CAUSE OF DEA	TH		1250		BETV	PPROXIMATE INTERVAL WEEN GASEF AND DEATH
DISEASI	E OR CONDI	TION DIREC	TLY	E <sub>1</sub>	oilepsy					
	LEADING TO	DEATH		(A)IMMEDIATE						
heart follure,	ot meon the i	It meons the	disease,		AS A CONSEQ	UENCE OF:				
Injury or com	plicotion which	h coused deal	h.)		Old he	ad injury				
AN	NTECEDENT O	CAUSES		(8)	- m					
DISEASES O	OR CONDITION	NS, IF ANY,	GIVING	DUE TO, OR	AS A CONSE	QUENCE OF:				
UNDERLYIN	G CONDITIO	ON LAST.	110 1112	(c)						
O THE DEA	IIFICANT CON ATH BUT NOT CONDITION	RELATED TO 1	HE TERM	UNAL						·
20A. DATE OF				FOR WHICH OPERATION W	AS PERFORM	IED			21. AUTO	OPSY? (Yes or No)
Ö									ye	
22A. EXTERIO UNDERLYING UTING CA		RIB-		228.PLACE OF INJURY (e.g., home, farm, loctory, street, office	In or obout 2 e bldg., etc.)	2C. WHERE DID NJURY OCCUR?	(If In Boltimo	re City, give ex		
Z 22D. TIME ( OF INJURY (APPROX.)		oy) (Year)	(Hou	WHILE AT NO	WHILE	2F. HOW DID IN	JURY OCC	UR?		00
23.	Ify that I he	ld as 1-				and that an t	hte beste	double to eve	anin'i	
resuit	ed from: No	atural caus	es A	Accident Sulci		omicide L		ned manner		
ACTUAL		1m	2.1	. /		STANT MEDICAL I				DATE SIGNED
SIGNATI		20017		M.t						8/17/70
NAME (T		ssell	5 . F	isher, M.D.	ASSC	CIATE MEDICAL I	EXAMINER			
24A. BURIAL CREA	MATION, 2	48. DATE		24C. NAME of CEMETERY	or CREMATO	DRY 24D.	LOCATION	(City, tow	n, or county	(Stole)
Burial		1/19/7		MT Aubur	n Ceme	try	Balt	imore	M	
25A. DATE REC'D	BY HEALTH D	Robert !	258	AME OF REGISTRAR	25 C.	FUNERAL DIRECT	08.	tead 1	206 W	north A
VS 151-REV. 1/1/68										17



MPORTANT

DIRECTOR:

UNERAL



VS 150-REV. 1/1/68

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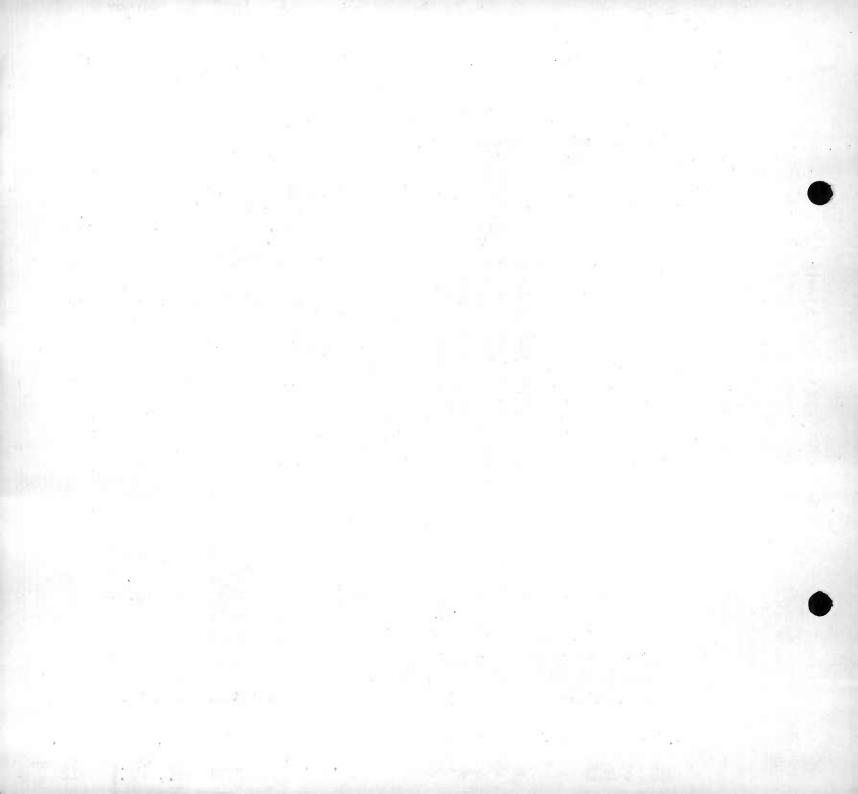
1501 East Fort Avenue

VS 150-REV. 1/1/6B

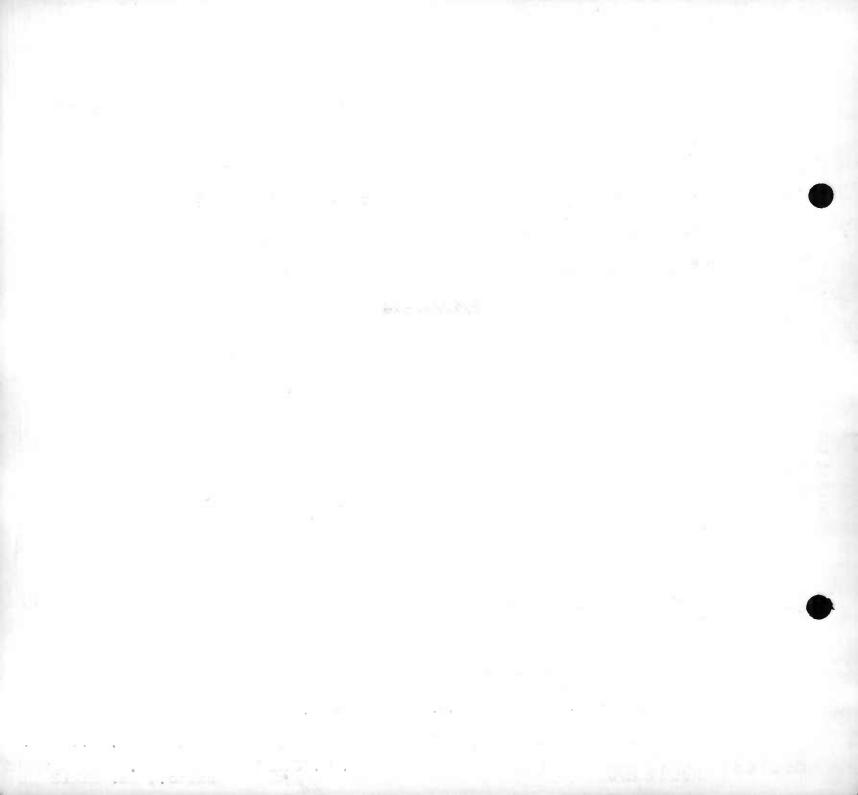


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BALTIMORE CITY HEALTH DEPARTMENT



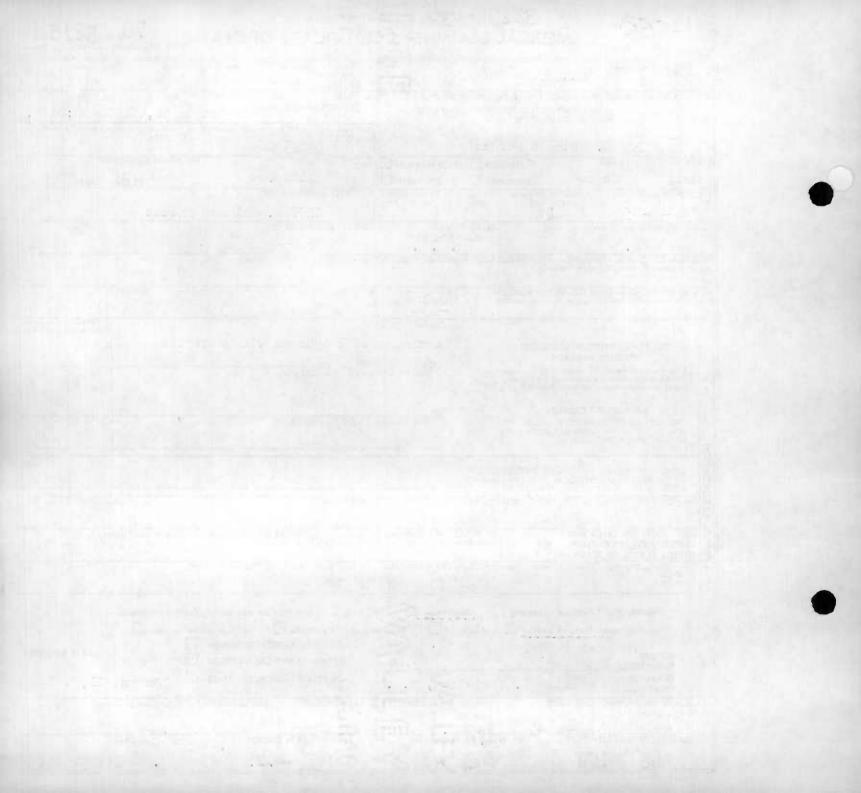
VS 150-REV. 1/1/68



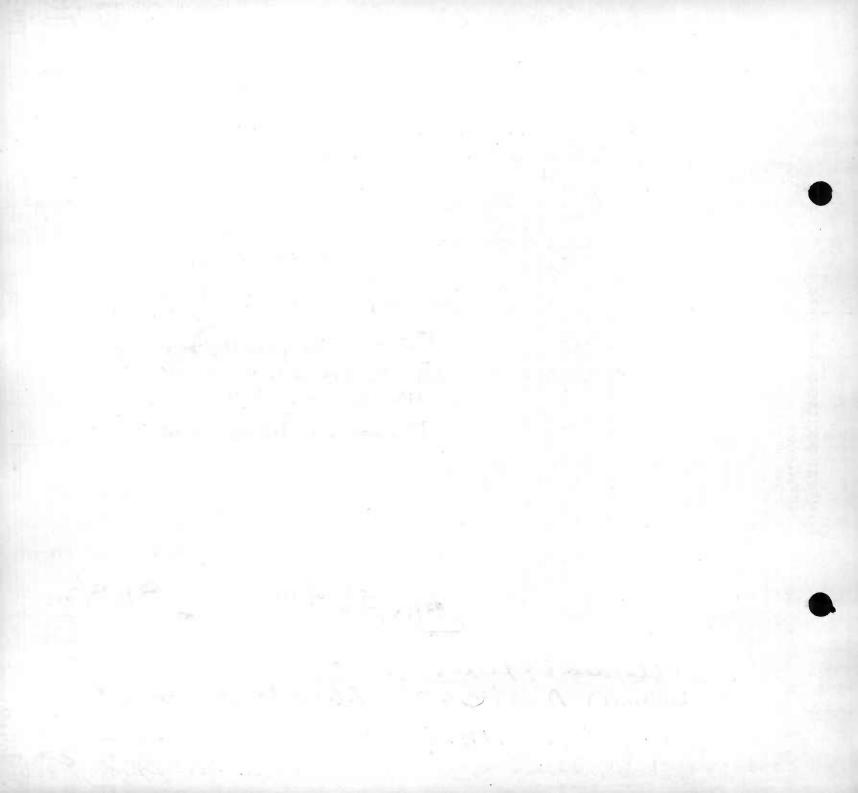
BIRTH NO.	6 70	8214	BALTIMORE CIT			REG. NO	70	8214
(Type or Print)	John	м.	McDen	mott		nd hour of DEATH	0 1	2 P
3. PLACE IN BAI	(IF NOT IN HOSPI ADDRESS OR LOC			A. USUAL RES	land	re deceased lived. If in		41
3/	Baltimore (	City Hosp	oital	Baltin	nore	Avenue	YES	№ □
5. SEX	6. RACE	WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BI 12-13-	1900	9. AGE (In years lost birthday) 69	If Under 1 Yr Months: Doys	r. If Under 24 His. Hours Min.
Ret'd.	UPATION (Give kind of wo working life, even if relired) Stationary	1	Boilers		E (Stole or fore			OF WHAT COUNTRY
	Thomas Mc			14. MOTHER'S	MAIDEN NAI Irgaret			
15. Was Deceased (Yes, no or unknown YES	Ever in U. S. Armed Fo		6. SOCIAL SECURITY NO. 17-09-4035	17. INFORMAN		E. McDer		Same
DISEASES ( nise la the	LEADING TO DEATH not mean the mode of asthenia, etc. It means plication which caused ANTECEDENT CAUSES OR CONDITIONS, if a abave cause (A) G CONDITION last.	any, giving stating the	(B) DUE TO, OR AS	A CONSEQUENC	CE OF:	ctivi. an	erria. Es	Floric alce
✓   DISEASE OR C	OPERATION GIVEN IN PAI OPERATION 198 CON WAS PER	IT 1 (A).	ICH OPERATION	20A. AUTOP	SY? (Yes or No	208. IF YES, WERE F	FINDINGS CON USES OF DEATH	SIDERED H?
OR CONTRIBLE	NT WAS UNDERLYING TING CAUSE OF medical examines	21 B. PL hame, elc.)	ACE OF INJURY (e.g., i farm, factory, sheet, a	n of about 21 C. V	WHERE DID	(II In Boltimore	e City, give exac	:t locotion)
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)	(Hour 21 E, IN While Work	AI Not While At Wark	e r	ITHI DID WO	URY OCCUR?		
that (I) (we)	that (I) (this hospital	d alive on	4-3	7-26-6 19.70	and the	9tototn(my) (owr) opin	8-15 Ilan death acc	19_70_ curred an the date
23A. SIGNATU	Dly T.XK	harpe	Atte	inding A		Shoff Phys.  Road	23B. DATE SIGN	70
24A. BURIAL CRE REMOVAL (S Burial	Specify  8-19-7	O Holy	DEGREE  LE OF CEMETERY OF CRI  / Redeemen	Cemete	24D. LC			ryland
25A. DATE REC'D  AIR 1  VS 150-REV. 1/1/	8 1970 Pale	25B. NAME OF		25C. FUNER	AL DIRECTOR Jenk 1905 Yo	ins & Sons ork Road B	Co. alto., N	Md. 21212

HOS	NAME OF	(IF NO	TIN HOSPITA	LORINS	MOITUTI	, GIVE	STREET		OUNCED DEA	August	13,	1970	6:01 A.M.
OR	NSTITUTION 13	55 N.	Calhou	n Str	eet			A. STATE	Maryla:	(Where deceosed liv	ed. If Institution: B. COUNTY	residence b	elore odmission)
6, S	A STATE OF THE STA	7. RACE	- Carling a				MARRIED 🖾	C. CITY C	9		D. INSIDE CIT	Y LIMITS?	001
	lale	Negro	0					0. 0	Baltim	ore			
	ATE OF BIRTH		10.AGE (In	WIDOV			IVORCED Under 24 Hrs.	E CYPEET	AND NUMB		YES	<u> </u>	ио Ц
7. D	10-7-0		losi birthda	y)	Months	Days	Hours Min.		1355 N	• Calhoun	Street		
11.1	BIRTHPLACE(S		n country)		12. CITI WH	AT CO	UNTRY?	13. FATHE	Josepl	n Newman			
IAA.			e kind of work en Ifreilred)	14B. KIND	OF BU	SINESS	OR INDUSTRY	15. MOTH	ER'S MAIDEN	NAME			
16.	WAS DECEASE	ED EVER IN	U.S. ARMED	FORCES	2 117	. SOC	IAL	18. INFO			AD	DRESS	
Yes	WAS DECEASE no ar unknown) NO	(if yes, give w	var or dates	of service	5	SECU 18-	ial D3-5189		Carro	11 1355	Calhou	in St	
	9.	5 X			5	C	AUSE OF DEA	TH					PROXIMATE INTERVAL EEN ONSET AND DEATH
		E OR CONDI		CTLY			arcinoma		ophagus	with meta	astases		
	(This does no heart failure, injury or com	al meon the , osthenia, etc. aplication which	mode of dy . It means the th coused dec	ing, e.g., disease, oth.)		,			QUENCE OF:				
	DISEASES C	NTECEDENT O	CAUSES ONS. IF ANY	, GIVING		(	B) DUE TO, OR	AS A CONS	EQUENCE OF				
N	RISE TO THE UNDERLYIN	OR CONDITION ABOVE CALLING CONDITION	USE (A) STATON LAST.	TING THE			c)						
CERTIFICATION	OTHER SIGN TO THE DEA DISEASE OR	IFICANT CON ATH BUT NOT CONDITION	II IDITIONS CO RELATED TO GIVEN IN PA	ONTRIBUTHE TERM	TING INAL								
ERTI						IICH O	PERATION W	S PERFOR	MED			21. AUTOF	PSY? (Yes ar Na)
													No
MEDICAL	UNDERLYING UTING CA		TRIB-		22B. PLA home, fo	CE OF	INJURY (e.g., lory, street, affic	in ar abaut bldg., eic.)	22C. WHERE INJURY OCC	DID (If to Baltimor CUR?	e City, give exac	t location)	
			(Year	) (Hou	WHI	LEAT	OCCURRED NOT	WHILE ORK	22F. HOWD	ID INJURY OCCU	IR?		
1	23.				m. WO	'N _	AIN	OKK L					
	1 cert	Ify that I he	eld on I	nquiry [	] _1	nspect	lon X Au	top sy	ond that	on this basis,	deoth in my d	pinion	
	result	red from: N	oturol cou	ses X	Acci	Ident [	Sulcid		lomicide 🗌	Undetermin	ed manner	]	
		0	1 /	/	1	1)	. 1		CHIEF MEDI	CAL EXAMINER			
	ACTUAL	.ne (/	hal	2	0	1	Tal ho	AS	SISTANT MED	ICAL EXAMINER	X		DATE SIGNED
	SIGNATU		1 1			)			OCIATE MED	ICAL EXAMINER		10	1070
	NAME (T		harles	S. S	prin	rgate	e, M.D.	7.5	OCIAIC IIICD	CAS SOUTH VER	Aug	ust 13	3, 1970
24/ REF	AOVAL (Specif	MATION, 2	4B. DATE		24C. I	NAME	of CEMETERY	or CREMA	ORY	24D. LOCATION	(City, tawn,	ar caunty)	(Stole)
25.	Buria DATE REC'D		8-18-	70	IAME O	Mt.	Auburi	Cem	etery	Baltim	ore, Ma	ryla	nd
237	ALIC	1 0 107	0 20	200.1	3.0	, KEU1	o nan			RECTOR V. B.	ailey		un Ctmaat
	AUG	TO 13/	U 146-54	ديات كـ	Jans	ey !	60,	Ive.	Lson F	・世。 13	48 N.	Jarno.	un Street
A 2	51-REV. 1/1/6E							and de					V

VS 151



	-		BALTIMORE CITY			135 0,340	
	-	1-520 70 00	216 CERTIFICA	TE OF DEATH	REG. NO	.10 8210	
		H NO.	TO CEKILICA				
		AME OF DECEASED		2. DATE AND	HOUR OF DEAT	н	
Ш	туре	ROSELA JONE.		AU 9	18 19	70 4 A	M.
	3. PI	LACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If	institution: residence before admiss	ion)
				A. STATE B. COUNT		1/01	
- 11	FUL	L NAME OF (IF NOT IN HOSPITAL OR IN	STITUTION, GIVE STREET	MARGERNO		1/0/	
Ш	IN ST	SPITAL OR ADDRESS OR LOCATION)	,	C. CITY OR TOWN	D. IN	ISIDE CITY LIMITS?	
1	, ,	CENTURY NURSING	a home	10ALINIO	RE	YES NO	
4	/		11101112	E. STREET AND NUMBER		- ^	
4	4	102 N. PADA ST	REFET	12-2/2 01/10	ALIKET	ST BALTM	1
	S. SE	X 6. RACE 7. MADE		B. DATE OF BURTH 9	. AGE (In years	If Under 1 Yr., If Under 24	1
	3. 30	A MARR			ost birthdoy)	Months Days Hours Mir	
	12	EMALE VVEGEO WIDOW	VED DIVORCED	241 2,1908	6		
		USUAL OCCUPATION Give kind of work 108. KINI	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	in country)	12. CITIZEN OF WHAT COUN	ITRY?
	done	during most of working life, even if retired)		1211 T. A	21.	115A	
	1	10 MES/1C		DAL10, 11	100	UPA	
	13. F	ATHER'S NAME		14. MOTHER'S MAIDEN NAM	IE .		
.		HENRY JONES.		E114 3	STEWA	PT	
	15. V	Vos Deceased Ever in U. S. Armed Farces?	1 6. SOCIAL	17. INFORMANT		ADDRESS	
		na ar unknawn) (If yes, give war ar dotes of servi		10/			-/
		NO	2-19-30902	VUROUN SO	NES 3	410 COVELUX	de
		18. /	CAUSE OF DEAT	H		APPROXIMATE NTERV	
		DISEASE OR CONDITION DIRECTLY	•	2 0.	1.	BETWEEN ONSET AND DE	HIA
		LEADING TO DEATH	Caus	40- Vernia	A Toll	200	
		(This does not mean the mode of dying,	(A) IMMEDIATE CA	A CONSEQUENCE OF	1 100	ame	•
		hearl failure, osthenio, etc. Il meons the dise			- /s		
			ose,	essoulo soto			
		injury or complication which caused death.)	os Cert	enoderote	2 200		
			" Hen	enorderote	7		
		injury or complication which caused death.)	(B) Hen	Le CONSEQUENCE	200		
		injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, girise to the above cause (A) stating	(B) Her	A CONSEQUENCE OF			•
		injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, gi	(B) Her	Lecie C A CONSEQUENCE ONE	innie		
		injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, girise to the above cause (A) stating	(B) Her	Le Consequence One	innie		
		injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, girise to the above cause (A) stating UNDERLYING CONDITION lost.	ving (B) DUE TO, OR AS (C) TELS	Le Consequence One	innie		
	TION	injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving the couse (A) stoling UNDERLYING CONDITION lost.  I  OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERMINATE CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERMINATE CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERMINATE CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERMINATE CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERMINATE CONTRIBUTION TH	ving (B) DUE TO, OR AS (C) TELS	Le Consequence One	innie		
	ATION	injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, gives to the above cause (A) slotling UNDERLYING CONDITION lost.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 1988. CONDITION F	ving (B) DUE TO, OR AS (C) TELS	Leciente Due Caracina de Consequence Due Caracina Due Caracina de Consequence Due Caracina de Consequence de Co	ensie	*	
	ATION	injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving the couse (A) stoling underlying condition lost.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	ving DUE TO, OR AS (c) Tells	a consequence one	ensie	EE FINDINGS CONSIDERED CAUSES OF DEATH?	
	ERTIFICATION	INJURY OF COMPLICATION WHICH COUSED death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving the course (A) stoling underlying condition lost.  I OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERMINAL CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 198. CONDITION FWAS PERFORMED	Ving (B) DUE TO, OR AS (C) TELLS  NG NAL  OR WHICH OPERATION  218, PLACE OF INJURY (e.g.,	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WER	*	
	L CERTIFICATION	INJURY OF COMPLICATION WHICH COUSED death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, gives to the obove couse (A) stoling UNDERLYING CONDITION lost.  I OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERMINDISEASE OR CONDITION GIVEN IN PART 1 (A).  19.4. DATE OF OPERATION WAS PERFORMED  21.A. ACCIDENT WAS UNDERLYING OR CONTRIBUTION CAUSE OF	Ving The  (B) DUE TO, OR AS  (C) DUE TO, OR AS  (E) DUE TO, OR AS  (C) DUE TO, OR AS	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WER	EE FINDINGS CONSIDERED CAUSES OF DEATH?	
	CAL CERTIFICATION	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, girse to the obove couse (A) stoling UNDERLYING CONDITION lost.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).  19. DATE OF OPERATION 19. CONDITION WAS PERFORMED  21. A. ACCIDENT WAS UNDERLYING	Ving (B) DUE TO, OR AS (C) TELLS  NG NAL  OR WHICH OPERATION  218, PLACE OF INJURY (e.g.,	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WER	EE FINDINGS CONSIDERED CAUSES OF DEATH?	
	EDICAL CERTIFICATION	Injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, gives to the obove couse (A) stoling UNDERLYING CONDITION lost.  I OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERMINDISEASE OR CONDITION GIVEN IN PART 1 (A).  19-A-DATE OF OPERATION SIVEN IN PART 1 (A).  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. TIME (Month) (Day) (Year) (Hour)	Ving The  (B) DUE TO, OR AS  (C) DUE TO, OR AS  (E) DUE TO, OR AS  (C) DUE TO, OR AS	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WER IN CERTIFYING C	EE FINDINGS CONSIDERED CAUSES OF DEATH?	
	MEDICAL CERTIFICATION	INJURY OF COMPLICATION WHICH COUSED death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving the obove couse (A) stoling UNDERLYING CONDITION lost.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERMIND ISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 198. CONDITION WAS PERFORMED  OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	NG NAL  OR WHICH OPERATION  218. PLACE OF INJURY (e.g., hame, farm, factory, street, etc.)  218. INJURY OCCURRED  While At Not Whi	20 A. AUTOPSY? (Yes or No) in ar obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	20B. IF YES, WER IN CERTIFYING C	EE FINDINGS CONSIDERED CAUSES OF DEATH?	-
	MEDICAL CERTIFICATION	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, girse to the obove couse (A) stoling UNDERLYING CONDITION lost.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERMIND DISEASE OR CONDITION GIVEN IN PART 1 (A).  19 A. DATE OF OPERATION 198. CONDITION FWAS PERFORMED  21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21 D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.)	Ving Ihe CCURED  WHICH OPERATION  21B. PLACE OF INJURY (e.g., hame, larm, factory, street, cetc.)  21E. INJURY OCCURED  While At Not Whith At Work	20 A. AUTOPSY? (Yes or No) in ar obout 21 C. WHERE DID ffice bidg., INJURY OCCUR?	208. IF YES, WER IN CERTIFYING (If in Boltim	EE FINDINGS CONSIDERED CAUSES OF DEATH?	
	MEDICAL CERTIFICATION	INJURY OF COMPLICATION WHICH COUSED death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving the obove couse (A) stoling UNDERLYING CONDITION lost.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERMIND ISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 198. CONDITION WAS PERFORMED  OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	NG NAL  OR WHICH OPERATION  218. PLACE OF INJURY (e.g., hame, farm, factory, street, etc.)  218. INJURY OCCURRED  While At Not White At Work  ed the decegsed fram	20 A. AUTOPSY? (Yes or No) in ar obout 21 C. WHERE DID iffice bidg., INJURY OCCUR?	20B. IF YES, WER IN CERTIFYING C	EE FINDINGS CONSIDERED CAUSES OF DEATH?	
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	MEDICAL CERTIFICATION	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, girise to the above cause (A) stoling UNDERLYING CONDITION lost.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERMINING OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 198. CONDITION FOR CONDITION GIVEN IN PART 1 (A).  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour)  OF INJURY (APPROX.)  22. I certify that (I) (this haspital) attend that (I) (we) igst saw the deceased alive	Ving The  (C)  DUE TO, OR AS  NG NAL  OR WHICH OPERATION  21B, PLACE OF INJURY (e.g., hame, larm, factory, street, etc.)  21E, INJURY OCCURRED  While At Not White At Work  ed the deceased from  On  On  OR  OR  (R)	20A. AUTOPSY? (Yes or No) in ar about 21C. WHERE DID ffice bidg., INJURY OCCUR?  21F. HOW DID INJU	20B. IF YES, WER IN CERTIFYING C	EE FINDINGS CONSIDERED CAUSES OF DEATH?	date
	MEDICAL CERTIFICATION	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving the obove cause (A) stoling UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERMINDISEASE OR CONDITION GIVEN IN PART 1 (A).  19.A. DATE OF OPERATION SINCE OF CONTRIBUTION WAS PERFORMED  21.A. ACCIDENT WAS UNDERLYING OR CONTRIBUTION CAUSE OF DEATH (notify medical examiner)  21.D. TIME (Month) (Day) (Year) (Hour)  OF INJURY (APPROX.)  22. I certify that (I) (this haspital) attends that (I) (we) last saw the deceased alive and haur and fram the causes stated above	Ving The  (C)  DUE TO, OR AS  NG NAL  OR WHICH OPERATION  21B, PLACE OF INJURY (e.g., hame, larm, factory, street, etc.)  21E, INJURY OCCURRED  While At Not White At Work  ed the deceased from  On  On  OR  OR  (R)	20A. AUTOPSY? (Yes or No) in ar about 21C. WHERE DID ffice bidg., INJURY OCCUR?  21F. HOW DID INJU	20B. IF YES, WER IN CERTIFYING C	EE FINDINGS CONSIDERED CAUSES OF DEATH?  There City, give exact location)	date
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	MEDICAL CERTIFICATION	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving the obove cause (A) stoling UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERMINDISEASE OR CONDITION GIVEN IN PART 1 (A).  19.A. DATE OF OPERATION SINCE OF CONTRIBUTION WAS PERFORMED  21.A. ACCIDENT WAS UNDERLYING OR CONTRIBUTION CAUSE OF DEATH (notify medical examiner)  21.D. TIME (Month) (Day) (Year) (Hour)  OF INJURY (APPROX.)  22. I certify that (I) (this haspital) attends that (I) (we) last saw the deceased alive and haur and fram the causes stated above	Ving The  (C) DUE TO, OR AS  (A) DUE TO, OR AS  (B) DUE TO, OR AS  (C) DUE TO, OR AS  (A) DUE TO, OR AS  (B) DUE TO, OR AS  (C) DUE TO, OR AS  (A) DUE TO, OR AS  (B) DUE TO, OR AS  (C) DUE TO, OR AS  (C) DUE TO, OR AS  (C) DUE TO, OR AS  (A) DUE TO, OR AS  (C)	20 A. AUTOPSY? (Yes or No) in ar obout 21 C. WHERE DID ffice bidg., INJURY OCCUR?  21 F. HOW DID INJU	20B. IF YES, WER IN CERTIFYING C	EE FINDINGS CONSIDERED CAUSES OF DEATH?  There City, give exact location)	date
	MEDICAL CERTIFICATION	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, girise to the obove couse (A) stoling UNDERLYING CONDITION lost.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERMINING TO THE DEATH BUT NOT RELATED TO THE TERMINING TO ATE OF OPERATION 198. CONDITION FWAS PERFORMED  21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21 D. TIME (Month) (Day) (Year) (Haur)  OF INJURY (APPROX.)  22. I certify that (I) (this haspital) attend that (I) (we) last saw the deceased alive and haur and fram the causes stated abave 23 A. SIGNATURE	NG NAL  OR WHICH OPERATION  218. PLACE OF INJURY (e.g., hame, farm, factory, street, etc.)  218. INJURY OCCURRED  While At Not White At Work  ed the deceased from on (e. (I) (w) (did nat)	20 A. AUTOPSY? (Yes or No) in ar obout 21 C. WHERE DID ffice bidg., INJURY OCCUR?  21 F. HOW DID INJU	20B. IF YES, WER IN CERTIFYING C  (If in Boltim  URY OCCUR?	EE FINDINGS CONSIDERED CAUSES OF DEATH?  There City, give exact location)	date
	MEDICAL CERTIFICATION	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving the obove cause (A) stoling UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERMINDISEASE OR CONDITION GIVEN IN PART 1 (A).  19.A. DATE OF OPERATION SINCE OF CONTRIBUTION WAS PERFORMED  21.A. ACCIDENT WAS UNDERLYING OR CONTRIBUTION CAUSE OF DEATH (notify medical examiner)  21.D. TIME (Month) (Day) (Year) (Hour)  OF INJURY (APPROX.)  22. I certify that (I) (this haspital) attends that (I) (we) last saw the deceased alive and haur and fram the causes stated above	Ving The  (C) DUE TO, OR AS  (A) DUE TO, OR AS  (B) DUE TO, OR AS  (C) DUE TO, OR AS  (A) DUE TO, OR AS  (B) DUE TO, OR AS  (C) DUE TO, OR AS  (A) DUE TO, OR AS  (B) DUE TO, OR AS  (C) DUE TO, OR AS  (C) DUE TO, OR AS  (C) DUE TO, OR AS  (A) DUE TO, OR AS  (C)	20A. AUTOPSY? (Yes or No)  in ar about 21C. WHERE DID flice bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  A CONSEQUENCE OF No)  20A. AUTOPSY? (Yes or No)  21F. HOW DID INJURY OCCUR?	20B. IF YES, WER IN CERTIFYING C  (If in Boltim  URY OCCUR?	EE FINDINGS CONSIDERED CAUSES OF DEATH?  There City, give exact location)	date
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	MEDICAL CERTIFICATION	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, girise to the obove couse (A) stoling UNDERLYING CONDITION lost.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERMIND DISEASE OR CONDITION GIVEN IN PART 1 (A).  19.A. DATE OF OPERATION 19.B. CONDITION FOR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21.D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.)  22. I certify that (I) (this haspital) attends that (I) (we) last saw the deceased alive and hour and fram the causes stated above 23.A. SIGNATURE  23.C. PHYSICIANS NAME (Type)  3.BURIAL CREMATION, 124B. DATE 124	Ving Ihe  (C)	20A. AUTOPSY? (Yes or No)  in ar about 21C. WHERE DID ffice bldg., INJURY OCCUR?  21F. HOW DID INJU  21F. HOW DID INJU  4	20B. IF YES, WER IN CERTIFYING COUR?  (If in Boltim  URY OCCUR?  9ta	EE FINDINGS CONSIDERED CAUSES OF DEATH?  There City, give exact location)	
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REMOVAL (Specify)

VS 151-REV. 1/1/68

25A. DATE REC'D BY HEALTH DEPT.

70 8217 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO BIRTH NO. 1. NAME OF DECEASED 2. DATE Known 🔲 Month Hour (Type or Prini) Edward H. Jackson OF Estimated 2 DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 13 DATE Hour Month PRONOUNCED DEAD 8 1970 6:25 FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) 1028 W. Franklin Street A. STATE Maryland B. COUNTY C. CITY OR TOWN 6. SEX 7. RACE D. INSIDE CITY LIMITS? 8. MARRIED NEVER MARRIED Colored Male Baltimore WIDOWED YES X DIVORCED . NO 9. DATE OF BIRTH iost birthdoy) 64 10. AGE (In years # Under 1 Yr. if Under 24 Hrs. E. STREET AND NUMBER Months, Doys, Hours, Min. 1028 W. Franklin Street 7-29-06 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? Ernest Jackson Md. 14A. USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even il retired) Henrietta Jones 16. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)((II yes, give wor or dotes of service) 17. SOCIAL SECURITY NO. 220-18-3657 18. INFORMANT ADDRESS Katherine Jackson no same APPROXIMATE INTERVAL CAUSE OF DEATH BETWEEN ONSET AND DEATH Cancer of mouth DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE CAUSE (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO, OR AS A CONSEQUENCE OF: ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (c). CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) 22A. EXTERNAL CAUSE WAS 228. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Boltimore City, give exact location) home, form, loctory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING MOR CONTRIB-UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE (APPROX.) WORK AT WORK 23. I certify that I held an Inquiry Inspection X Autopsy and that on this basis, death in my opinion resulted from: Natural causes X Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATUR 8/18/70 ASSOCIATE MEDICAL EXAMINER Deputy Chief Medical Examiner EXAMINERS Werner U. Spi NAME (Type) 24A, BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county)

Arbutus

25B, NAME OF REGISTRAR

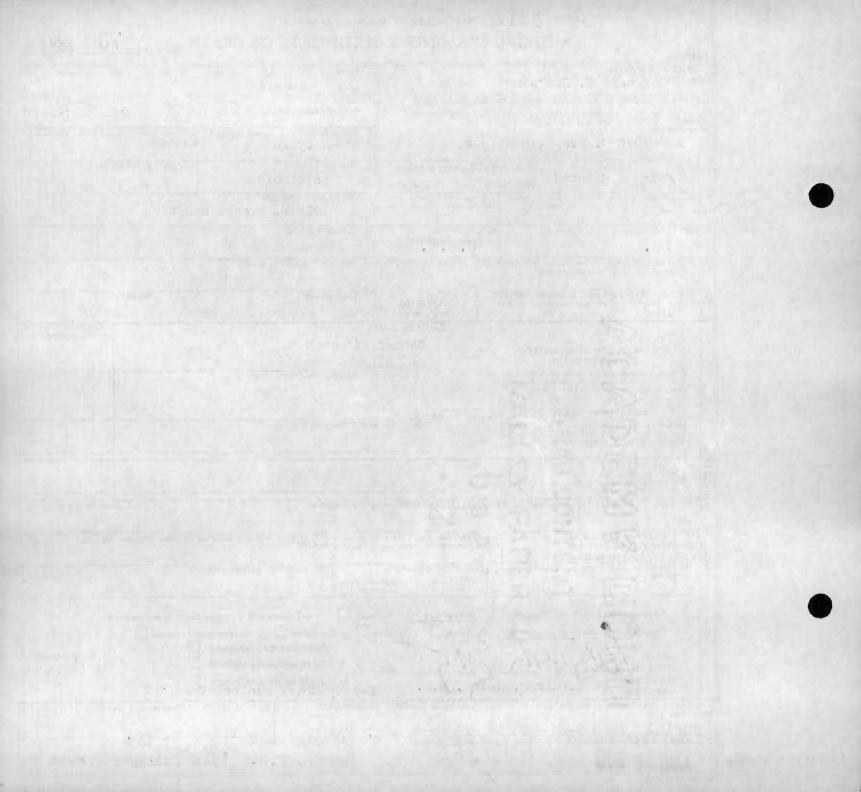
(Stote)

altimore

ADDRESS Calhoun Street

25C. FUNERAL DIRECTOR TI

elson F.H.



	in a hospital and	g cause or dearn ause; (5) Deceased	attendance on the	or to death. Such	
	This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	on the deceased pri	disposition is made.
FUNERAL DIRECTOR: IMPORTANT	caminer or his assist	A fracture of any kin	who pronounced dec	regular attendance	re embalmed or fina
FUNEKAL DIKE	the chief medical ex	(2) Body burns; (3)	ere the physician w	o physician was in	efore the remains ar
	ust be approved by	ident of any nature,	hospital (except wh	death); and (6) N	must be obtained b
	This cortificate m	shows: (1) An acc	was D.O.A. at a	deceased prior to	written approval

ALTIMORE CITY I	HEALTH DEPARTMENT		
ERTIFICAT	E OF DEATH	REG. NO	70 8218
			1 10-55 0
DEAD	4. USUAL RESIDENCE (When	deceased lived. If inst	litution: residence before admission
NVE STREET	Maryland	/	1607
1	halto,		YES P NO T
	STREET AND NUMBER	Keland	Street
DIVORCED		ost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
S OR INDUSTRY	BIRTHPLACE (Stoto or foreign	gn Country)	12. CITIZEN OF WHAT COUNTRY
10	WINNS FAMO	S.C.	W.S.A.
14	MOTHER'S MAIDEN NAM	NE .	De l'agrif
	INKNOWN		ADDRESS
	Martin Cultur		01-201
USE OF DEATH	UPDEIR SWINE	DN 212761	APPROXIMATE INTERVAL
	2.1	1 1	BETWEEN ONSET AND DEATH
MMEDIATE CAUSE		Stoula	
DUE TO, OR AS A T	CONSEQUENCE OF:		
			Ц
DUE TO, OR AS A	CONSEQUENCE OF:		000000000
4			
·/		***************************************	
***************	P8000000000000000000000000000000000000		
PERATION	20A-AUTOPSY? (Yes of No)	208 IF YES, WERE FILL IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
FINJURY (e.g., in clictory, street, offic	o bldg., INJURY OCCUR?	(If In Boltimore	City, give exact location)
OCCURRED	21F. HOW DID INJU	RY OCCUR?	
Not While [			
	7-23-70 10	108-	19 70
8-13			
lid) (did not) vie			
			38 DATE SIGNED
Dhine	ing Med. S	Hys.	8113 170
	30 Bh buch	ct 6	San ou M 9
EMETERY OF CREM	ATORY 24D. LO	CATION ICity.	town, or county) (Stote)
VARV Com	MERRY AU	VO ANILLI	tol Co. Md.
RAR	25C FUNERAL DIRECTOR	a con b	ADDRESS
	Kandolas	Cervick 24	316-Oliver St.
	ERTIFICAT  DEAD  EVE STREET  ER MARRIED   8  DIVORCED   1  SS OR INDUSTRY   1  A) IMMEDIATE CAUSE  DUE TO, OR AS A  C)  PERATION  OF INJURY (e.g., in c lociory, sheet offic  Not While   1  A) Work  Sed from   8  S   13  IId) (did not) vie  OEGREE   Phys.  OEGREE   2  OE	DEAD  4. USUAL RESIDENCE (When A. STATE B. COUN B. COUN B. C. CITY OR TOWN  E. STREET AND NUMBER  DIVORCED  14. MOTHER'S MAIDEN NAM  17. INFORMANT  17. INFORMANT  18. 27.59 A MATERIE SWING  A) IMMEDIATE CAUSE  DUE TO, OR AS A CONSEQUENCE OF:  18. DUE TO, OR AS A CONSEQUENCE OF:  19. DUE TO, OR AS A CONSEQUENCE OF:  20. DUE TO, OR AS A CONSEQUENCE OF:  21. HOW DID INJURY (e.g., in or obout 27 C. WHERE DID INJURY OCCUR?  18. DUE TO, OR AS A CONSEQUENCE OF:  21. HOW DID INJURY OCCUR?  OCCURRED  Not While A Work  19. 41. HOW DID INJURY OCCUR?  OCCURRED  Not While A Work  19. 40. DIRECTOR OF THE CONSEQUENCE OF:  21. HOW DID INJURY OCCUR?  OCCURRED  Not While A Work  19. 40. DIRECTOR OF THE CONSEQUENCE OF:  22. 40. DIRECTOR OF THE CONSEQUENCE OF:  23. ADDRESS  The Consequence of the Cons	ERTIFICATE OF DEATH    2, DATE AND HOUR OF DEATH   2   33   70     2, DATE AND HOUR OF DEATH   3   70     3   7   70     4. USUAL RESIDENCE (Where deceosed lived. If instance of the country)   1   1   1   1     5   5   7   7   7     6   5   7   7     7   7   7     8   5   7   7     9   AOE (in yeors of the country)   1   1   1     10   10   1   1     11   10   1     12   14   MOTHER'S MAIDEN NAME     13   14   MOTHER'S MAIDEN NAME     14   MOTHER'S MAIDEN NAME     15   16   17     16   17   18     17   18   18   18     18   19   10     19   10   10     10   10   10     10   10



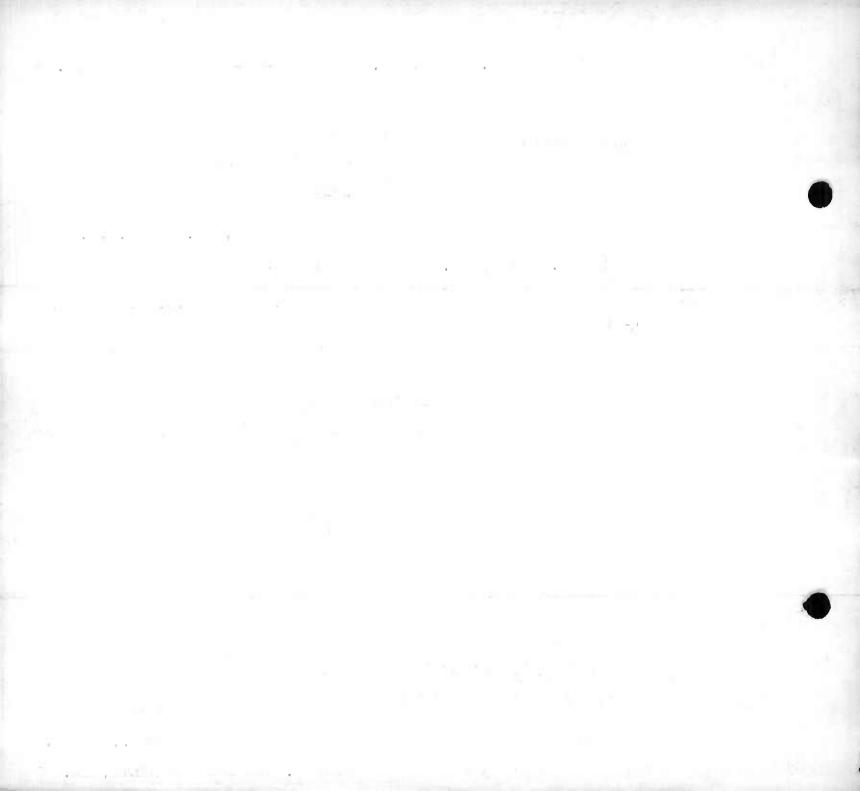
7.4 14 014

- Action

	E OF DECEA		8220		TE OF DEATH	REG. NO	70 8220
		hnson, Will			8/	16/70	1/030
	AME OF	(IF NOT IN HOSPIT ADDRESS OR LOCA altimore Cit	AL OR INSTITUT	TION, GIVE STREET	A. USUAL RESIDENCE IWA A. STATE 8. COU Maryland C.City Or Town Baltimore	NIT	ISIDE CITY LIMITS?
3	/ 49	40 Eastern A ltimore, Mar	venue		E. STREET AND NUMBER 118 Warren Av	venue 23	YES NO
	ale	White	WIDOWED		8. DATE OF BIRTH 7/21/24	9. AGE (In years lost birthday)	Il Under 1 Yr. If Under 24 Months Doys Hours Min
Rev	verend I	Father	108, KIND OF B	USINESS OR INDUSTRY	11. SIRTHPLACE (Stole or los Kentucky	eign country)	USA
		Romuald John			14 MOTHER'S MAIDEN NA Winifred		
15. Wos (Yes, no o	Peceased Every unknown) ((1)	er in U.S. Armed Ford yes, give war or dote:	cos? s ol service)	6. SOCIAL SECURITY NO.	BCH: Records E	940 Easterr Baltimore, M	Avenue 21224
DISI rise UNI	EASES OR  10 the CO DERLYING CO  ER SIGNIFICA	thenia, etc. It means called which caused TECEDENT CAUSES CONDITIONS, if a cobove couse (A) CONDITION lost.	ony, giving sloting the	(B) DUE TO, OR AS	Ceeleem E A CONSEQUENCE OF:	Pell So	reoma Dypa
	HE DEATH B	UT NOT RELATED TO TH DITION GIVEN IN PART	E TERMINAL	***************************************			***********************************
21A.	ACCIDENT Y	UT NOT RELATED TO THE DITION GIVEN IN PART PERATION 198 CONE WAS PERFO	E TERMINAL  J (A).  DITION FOR WHORMED  21B, PL home,		20A. AUTOPSY? (Yos of N YES or obout 21 C. WHERE DID ice bldg., INJURY OCCUR?	IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
WEDICAL CERTIFICAL CALL CALL CALL CALL CALL CALL CALL	ACCIDENT NO CONTRIBUTION THE (MANUEY ROX.)	UT NOT RELATED TO THE DITION GIVEN IN PART PROPERTY OF THE PRO	(Houd) 21E, 5N While Work	ACE OF INJURY (e.g., in form, foctory, street, off	YES or obout 21 C. WHERE DID injury occur?  21 F. HOW DID INJ	IN CERTIFYING C.	.5
WE CALL THE	ASE OF CONT DATE OF OP ACCIDENT NONTRIBUTIN FH (notify me TIME (M NJURY (M NJURY (M ) (we) los	UT NOT RELATED TO THE DITION GIVEN IN PART FERATION 198. CONE WAS PERFO WAS UNDERLYINO COUNTY (Conf.)  WAS UNDERLYINO COUNTY (Conf.)  WAS UNDERLYINO COUNTY (Conf.)  WAS UNDERLYINO COUNTY (Conf.)	ETEMINAL  1 (A).  3/10N FOR WHORMED  21B. PL home, elc.)  (Houd 21E IN While Work attended the lalive on	ACE OF INJURY (e.g., in form, foctory, street, off IJURY OCCURRED  AI Not While At Work deceased from	YES or obout 21C, WHERE DID ice bldg, INJURY OCCUR?  21F. HOW DID INJ  LLINE 19 70 ond th	(If In Bollima	ore City, give exect locotion)
21A. OR C DEAT TO THE CAPP CAPP CAPP CAPP CAPP CAPP CAPP CAP	ASE OF CONT DATE OF OP ACCIDENT NONTRIBUTIN FH (notify me TIME (M NJURY (M NJURY (M ) (we) los	UT NOT RELATED TO THE DIDITION GIVEN IN PART PERATION 19 RECOND WAS PERFO WAS UNDERLYINO GIG CAUSE OF dicel exemined with the cause of the causes state	(Houd 21E IN While Work attended the lalive on od above. (#)	ACE OF INJURY (e.g., ir form, foctory, street, off off off off off off off off off of	YES  or obout 21 C. WHERE DID lice bldg., INJURY OCCUR?  21 F. HOW DID INJ  4 Complete of the body after death.  Adding Med. Director DI  3D. ADDRESS	(If In Bollims  URY OCCUR?  19 62 to 10 op  Stoff Phys.	Inlen death occurred on the d
21A. OR CO DEAT OF H (APP)  22. I that and a surial states of the condition of the conditio	ACCIDENT YOUNG THE OF OF OF OF OF OF OF OF OF OF OF OF OF	UT NOT RELATED TO THE DIDITION GIVEN IN PARTIE FERATION 19E. CONE WAS PERFO WAS UNDERLYINO CONTROL CAUSE OF dicol exemined with the cause state of the cause state with the cause	(Houd 21E IN While Work attended the lalive on 24C. NAM	ACE OF INJURY (e.g., ir form, foctory, street, off form, foctory, street, o	YES  or obout 21C. WHERE DID ice bldg., INJURY OCCUR?  21F. HOW DID INJ  21F. HOW DID INJ  and the work of the death.  ding Med. Director D  3D. ADDRESS  4940 Eastern A  MATORY 24D. L	(If In Bollims  URY OCCUR?  19 67 to 10 op  at In (pay) (our) op  Shoff Phys. Delta	Inlen death occurred on the d

8-20-70 St Stanislaus Cemetery

VS 150-REV. 1/1/68



Such

7	2x 70 8	900	BALTIMORE CITY	HEALTH DEPARTME	INT	mo 0222
BIRTH NO.	20 .70 8	3222	CERTIFICA	TE OF DEAT	TH REG. NO	70 8222
1. NAME OF D					ATE AND HOUR OF DEATH	н
		A. DORSE			ugust 18, 1970	1
	ALTIMORE, MARYLAND, V			A. STATE B.	E (Where deceased fived, if COUNTY	institution: residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION	OF (IF NOT IN HOSPIT ADDRESS OR LOC	TAL OR INSTITU ATION)	TION, GIVE STREET	MARYLAND C. CITY OR TOWN	D. IN	ISIDE CITY LIMITS?
113/10/10/1				BALTIMORE	D. 114	YES X NO
00	2560 Druid Pa	rk Drive		E. STREET AND NUM 2560 Druid		hand
SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yt. II Under 24 Hrs Manths Doys Hours Min.
Male	Negro	WIDOWED		9-12-1901	1 68	Williams Doys Hours Williams
JA, USUAL OC one during most	CUPATION (Give kind of world of working life, even if retired)	10B, KIND OF	BUSINESS OR INDUSTRY	11. SIRTHPLACE (Stale	or loreign country)	12. CITIZEN OF WHAT COUNTR
Porter				Baltimore,		U.S.A.
3. FATHER'S N				14. MOTHER'S MAIDE	h	
10.11	Charles T. Do			Hattie J	Jacks on	
. Wos Deceas es, no or unknow	ed Ever In U. S. Armed For wn) (II yes, give war or date	rces? es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No.		1	216-07-9881	Mrs. Naomi	P. Dorsey 25	60 Druid Park Drive
18.	214		CAUSE OF DEATI	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISE	ASE OR CONDITION DI	RECTLY	Caldo de	to Smi 7.	A = 0=	
(This does	nat mean the made of	dying, e.g.,	(A) IMMEDIATE CAU	SE CONSEQUENCE OF:	1 DIREPTE	306817
heart failur	e, aslhenio, etc. It means amplication which caused	the disease,	DOE 10, OR AS 1	CONSEQUENCE OF:	A .	
	ANTECEDENT CAUSES		chho	oHC Hex	phonet u	2 182K
DISEASES	OR CONDITIONS, IF	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	<u> </u>	
rise lo	the above cause (A) NG CONDITION last.	slaling the	(0)			
	11		(c)			***************************************
OTHER SIGN	IFICANT CONDITIONS CO	NTRIBUTING				
DISEASE OR	ATH BUT NOT RELATED TO TO CONDITION GIVEN IN PAR	T 1 (A).	****************			
0	OF OPERATION 198 CON WAS PER	FORMED	HICH OPERATION	20A. AUTOPSY? (Yes	or No. 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRA	DENT WAS UNDERLYING DENTING CAUSE OF CAUSE OF CAUSE OF		LACE OF INJURY (e.g., in form, foctory, street, of	or obout 21 C. WHERE I	DID (If In Boltime	ore City, give exact location)
OF INJURY	(Monthl (Doy) (Yearl		INJURY OCCURRED		ID INJURY OCCUR?	
(APPROX.)		While	At Work	· 🗆		
22. I certif	fy that (1) (this hospital	) attended the		-2 -	19GS_10S	-19 1974
that (1) (we	e) last saw the decease	d alive an	8-18	1970	and that in (my) (our) ap	Inian death accurred an the date
and haur a	ind from the causes stat	ed abave. (1)	(We) (did) (did not), vi		•	
23A. SIGNAT	TURE					23 B. DATE SIGNED
Ma	The Car	7 evr	DEGREE Phys	Med. Director	Shaff Phys.	8/49-70
23C. PHYSIC	IAN'S (Type)			3D. ADDRESS		
Mil	13.2 m	+ M	Stat SDEGREE	212 MY	12/12/2 V	M BYL B- HOAM
REMOVAL	REMATION, 248, DATE		ME OF CEMETERY OF CRE			ity, town, or countyl (State)
Buria	al 8-22-7		nt Auburn Cem	etery	Baltimore,	Maryland
A. DATE REC	O BY HEALTH DEPT.	258 NAME OF		MOR TON E	BYETT F.H.	1701 Laurens Stree
ng T g I	970 Robert E.	awey M.	<b>U</b> .,	11011,1011 6	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	., 51 Eaglell 5 50100
S 150-REV. 1/1	1/68					

ALLEN A. DORSEY

August 18, 1970

68

MARYLAND

BALTIMORE ×

2560 Druid Park Drive

Negro

Male

Porter

2560 Druid Park Drive

X

9-12-1901

Baltimore, Maryland U.S.A.

> Hattie Jackson Charles T. Dorsey

216-07-9881 Mrs. Naomi P. Dorsey 2560 Druid Park Drive No.

8-22-70

Mount Auburn Cemetery Baltimore,

Maryland

1701 Laurens Street MORTON & DYETT F.H.

11-525	223	BALTIMORE CITY HE			
BIRTH NO. 68-05117	EDICAL	EXAMINER'S C	CERTIFICATE OF	DEATH REG. N	0 70 8223
I. NAME OF DECEASED A			2. DATE Known	Month Doy	Year Hour
	ANSEN	(HENSON, Jr.)	OF DEATH Estimoted		м.
4. PLACE IN BALTIMORE, MARYLANI FULL NAME OF (IF NOT IN HOS HOSPITAL ADDRESS OR L	PITAL OR INSTIT	NOUNCED DEAD UTION, GIVE STREET	3. DATE PRONOUNCED DEAD	Month Day August 15,1	Yeor Haur
OR INSTITUTION  MERCY HOSPITA			5. USUAL RESIDENCE (Where CA. STATE Maryland	deceased lived. If Institu B. COUNT	tion: residence before admission)
6. SEX 7. RACE	8. MARRIE	NEVER MARRIED		D. INSIDE	CITY LIMITS?
Male Negro	WIDOWE		Baltimore		YES X NO
9. DATE OF BIRTH March 20, 1968	E (In years Hithday)	Under I Yr. II Under 24 Hrs. onths Days Hours Min.	901 E. Lombard	Street	
11. BIRTHPLACE(State or fareign countr	y) 12	CITIZEN OF	13. FATHER'S NAME	Derece	
Baltimore, Maryland	d	WHAT COUNTRY?	Maurice A. Hen	son Sr	
4A LISUAL OCCUPATION (Give kind of a	WHILE KIND C	F BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAM	E .	
one during most of working life, even if retir Child	euj		Diana Banks		
4. WAS DECEASED EVER IN U.S. ARI	MED FORCES?	17. SOCIAL SECURITY NO.	18. INFORMANT		ADDRESS
Yes, no or unknown) (If yes, give war or do	in activity	-0-	Mr. Maurice A.	Henson, Sr.	3055 Brighton S
19.		CAUSE OF DEA			APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
DISEASE OR CONDITION D	IRECTLY	Congeni	tal Heart Disease		DETWEEN CROSE AND DEAT
LEADING TO DEATH (This does not meen the made of		(A)IMMEDIATE C	AUSE (Transposition	of Great V	essels)
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF, RISE TO THE ABOVE CAUSE (A)  UNDERLYING CONDITION LAS	ANY, GIVING STATING THE	(B) DUE TO, OR	AS A CONSEQUENCE OF:		
Z ONDERENNO CONDINON LAS	10	(c)			
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN II	TO THE TERMINA	G AL			
20A. DATE OF OPERATION 20B.		R WHICH OPERATION WA	S PERFORMED		21. AUTOPSY? (Yes or No)
₹ 22A. EXTERNAL CAUSE WAS	1221	R PLACE OF INITIDA	In as about 22C WIVERE DID OF	to Building City	no
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		me, form, factory, street, office	in or obout 22C. WHERE DID (If bldg., etc.) INJURY OCCUR?	in Baltimore City, give	exact location)
22D. TIME (Month) (Doy) (*OF INJURY (APPROX.)	(ear) (Hour)	WHILE AT NOT WORK AT W	WHILE ORK	IRY OCCUR?	
23.					
I certify that I held an		p-many		s basis, death in m	
resulted from: Natural	quses X	Accident   Suicid		ndetermined manner	
ACTUAL /	OINV	11	CHIEF MEDICAL EX		DATE SIGNED
SIGNATURE EXAMINER'S RODE 1	VI P	M.D.	ASSISTANT MEDICAL EXA	-	8/16/70
NAME (Type) KONA 10	N. Korr	blum M.D.	CPEMATORY INC. 10	CATION	
REMOVAL (Specify)				CATION (City, to	wn, or county) (Stote)
	9-70	Balto, Natio		altimore.	Maryland
ALIC 1 O 1070		NE OF REGISTRAR	MOD TON C DVE		ADDRESS
AUG 18 1970 Tabes	8 E Fab	en, M.D.	MORTON & DYE	TT F.H.	1701 Laurens S

... all no less considerations of the no little and the property of the second of the

L 1 / "	200		BALTIMORE CIT			711 0227
MTH N	0.	70 82	224 CERTIFICA	ATE OF DEATH	Registered Na	70 8224
M.E. CA	SE NO. OF DECEASED		CERTIFICA		D HOUS OF DEATH	
Type or	Print) -	0	100-000	/	D HOUR OF DEATH	2 - 4 - 1
	BEATR	ICE K	, WATSON		170 -	3-45
. PLAC	E OF DEATH IN BALTIA	MORE, MARYLAN	D	4. USUAL RESIDENCE (Where	e deceased lived. If in: TY	stitution: residence before admis
Ellis	NAME OF (If not i	a bassital as insti	ilutian, give street	MARYLAND		1601
HOSPI	ITAL OR oddress	or location)	morian, give street	C. CITY OR TOWN (If aut	side city limits, write R	URAL and give lawnship)
INSTIT	rution					give ramp,
MAY	RYLAND GE	who to	4 CP 1 PM -	BALTIMORS  D. STREET ADDRESS (III)	urol, give location)	
1.115	45	welche 1	10111120	A A		
				123 N. AL	Iriston	
SEX	6. RACE		ARRIED) NEVER MARRIED DOWED, DIVORCED (specify)		ost birthday	If Under 1 Yr. If Under 24 Manths Doys Haurs Mi
+				8-25-97	72	
OA. USU	AL OCCUPATION (Give	kind of work 10B. K	IND OF BUSINESS OR INDUSTR		gn cauntry)	12. CITIZEN OF
lone durii	ng most of working life, ever	n if retired)		Na ma vila	10	WHAT COUNTRY?
Ho	USEWIFE			MARKYLM	17	V.SA
3. FATH	IERS NAME			14. MOTHER'S MAIDEN NAM	AE O	
	Lincoln	12 Mere	11-	the D	aba Kuss	011
£ \4'	D IN COUN	1477		17	104 1/428	
Yes, no o	Deceased Ever in U. S. runknown) (If yes, give	war ar dates of si	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	),			Pt. HUSBANI	1 + DMI	ghter_
18.			CAUSE	OF DEATH	) ,,,,v	INTERVAL BETWEEN
	/ / % 1 53					ONSET AND DEATH
	DISEASE OR COND		K.	M	hand ha	4 100 100 100 100 100 100 100 100 100 10
	LEADING TO	DEATH	in Av	terioscheratic 4	Unt Will	u
(Thi:	s daes not mean the	mode of dying	, e.g., DUE TO	24,03 00 06,11		
hear	rf failure, asthenia, etc.	II means the d	isease,			
injui	ry ar camplication which					
	ANTECEDENT	CAUSES	(B)		****	**********************************
DIST	EASES OR CONDITIO	ONS, if any,	giving			
	la the abave ca		g the (C)	0484# 6+0 00 84 00 80 00 00 00 00 00 00 00 00 00 00 00		
UNI	DERLYING CONDITION	N lasi.				
	11					
	IER SIGNIFICANT CONE					
DIS	THE DEATH BUT I		TO THE			
19A.	DATE OF OPERATION		FOR WHICH OPERATION	20A. AUTOPST? (Tes ar No)		INDINGS CONSIDERED
E 0		WAS PERFORME	D	NO	IN CERTIFYING CAL	JSES OF DEATH?
19A. 21 A.	ACCIDENT WAS UND	ERLYING	218. PLACE OF INJURT (e.g.,	- / -	(If in Boltimare	
						City, give exact location)
OR	CONTRIBUTING _ CAUS	SEOF		affice bldg., INJURY OCCUR?		City, give exact location)
DEA	TH (notify medical exami	SEOF	home, form, factory, street, etc.)	affice bldg., INJURY OCCUR?		City, give exact location?
DEA	TH (notify medical exami	SE OF iner)	etc.)	affice bldg., INJURY OCCUR?		City, give exact location?
DEA 21 D. OF I	TIME (Month) (Do	SE OF iner)	etc.) 1) 21E. INJURY OCCURRED While At Not Wh	affice bldg., INJURY OCCUR?  21F. HOW DID INJU		City, give exact location)
DEA 21 D. OF I	TH (notify medical exami	SE OF iner)	etc.)  1) 21E. INJURY OCCURRED	affice bldg., INJURY OCCUR?  21F. HOW DID INJU	JRT OCCUR?	City, give exact location)
DEA 21 D. OF I (A PP	TH (notify medical exami	SE OF iner) yy) (Year) (Hou	etc.)  21 E. INJURY OCCURRED  White At Nat Wh Wark At Work	affice bldg., INJURY OCCUR?  21F. HOW DID INJU	JRT OCCUR?	City, give exact location)
21 D. OF I (A PP)	TH (notify medical exami	SE OF iner)  (Year) (House)  (hospital) atte	white At Nat When Nat What Nat What Nat What Nat What Nat What Nat What Nat What Nat What Nat What Nat What Nat What Nat Nat Nat What Nat Nat Nat Nat Nat Nat Nat Nat Nat N	affice bldg., INJURY OCCUR?	JRT OCCUR?	1319.7
21 D. OF I (A PP	TH (notify medical exami	SE OF iner)  (Year) (House)  (hospital) atte	white At Nat When Nat What Nat What Nat What Nat What Nat What Nat What Nat What Nat What Nat What Nat What Nat What Nat What Nat What Nat What Nat Nat What Nat Nat Nat Nat Nat Nat Nat Nat Nat N	affice bldg., INJURY OCCUR?	JRT OCCUR?	13 19.7
DEA 21 D. OF I (A PP	TH (notify medical examinate (Month) (Do NJURT PROX.)  I certify that (I) (this (I) (we) last saw the	SE OF inet)  y) (Year) (House hospital) atte e deceased aliv	white At Nat When Nat What Nat What Nat What Nat What Nat What Nat What Nat What Nat What Nat What Nat What Nat What Nat What Nat What Nat What Nat Nat What Nat Nat Nat Nat Nat Nat Nat Nat Nat N	affice bldg., INJURY OCCUR?  21F. HOW DID INJU  37-2 1  19 70 and the	JRT OCCUR?	1319.7.
DEA 21 D. OF I (A PP 22. that	TH (notify medical examinate (Month) (Do NJURT PROX.)  I certify that (I) (this (I) (we) last saw the	SE OF inet)  y) (Year) (House hospital) atte	while At Not Work At W	affice bldg., INJURY OCCUR?  21F. HOW DID INJU  37-2 1  19 70 and the	JRT OCCUR?	1319.7.
DEA 21D. OF I (A PP 22. that	TH (notify medical exami TIME (Month) (Do NJURT PROX.)  I certify that (I) (this (I) (we) last saw the haur and fram the ca	SE OF inet)  y) (Year) (House hospital) atte	while Al Not What Work Al Work	affice bldg., INJURY OCCUR?  21F. HOW DID INJU  37-2  19 70 and the view the bady after death.	9 70 ta 8 ~	19.70 nian death accurred an the
DEA 21D. OF I (A PP 22. that	TH (notify medical exami TIME (Month) (Do NJURT PROX.)  I certify that (I) (this (I) (we) last saw the haur and fram the ca	SE OF inet)  y) (Year) (House hospital) atte	while Al Not What Work Al Work	affice bldg., INJURY OCCUR?  21F. HOW DID INJU  19 70 and the  view the bady after death.  Hending Med. Director	JRT OCCUR?	19.70 nian death accurred an the
21 D. OF I (A PP 22. that and 23A.	TH (notify medical exami TIME (Month) (Do NJURT PROX.)  I certify that (I) (this (I) (we) last saw the haur and fram the ca SIGNATURE  PHYSICIAN'S	SE OF inet)  y) (Year) (House hospital) atte	while Al Not What Work Al Work	affice bldg., INJURY OCCUR?  21F. HOW DID INJU  37-2  19 70 and the view the bady after death.	9 70 ta 8 ~	19.70 nian death accurred an the
21 D. 21 D. OF I (A PP 22. that and 23A.	TH (notify medical examination of the came)  TIME (Month) (Do NJURT PROX.)  I certify that (I) (this (I) (we) last saw the haur and fram the came)	sk of iner) (y) (Year) (House hospital) atte	while At Nat Who At Work At Wo	affice bldg., INJURY OCCUR?  21F. HOW DID INJU  27-2  19 70 and the  view the bady after death.  Itending Med. Director  23D. ADDRESS	9 70 ta 8 ~	19.70 nian death accurred an the
21 D. OF I (A PP) 22. that and 23A.	TH (notify medical exami TIME (Month) (Do NJURT PROX.)  I certify that (I) (this (I) (we) last saw the haur and fram the ca SIGNATURE  PHYSICIAN'S NAME (Type)  JA YAM	st of iner)  (y) (Year) (House hospital) attered deceased aliquises stated ab	while Al Not Who Al Work  Not Who Al Wor	affice bldg., INJURY OCCUR?  21F. HOW DID INJU  19 70 and the  view the bady after death.  Hending Med.  175. Director  23D. ADDRESS  MARYCAND	9 70 ta 8 - It in(my) (aur) apir Staff Phys. V	13 197 nian death accurred an the 238. DATE SIGNED 8/13/76
21 D. 21 D. 21 D. 21 D. 22 D. 22 D. 22 D. 23 C. 23 C. 24 A. BUI	TH (notify medical exami TIME (Month) (Do NJURT PROX.)  I certify that (I) (this (I) (we) last saw the haur and fram the ca SIGNATURE  PHYSICIAN'S PHYSICIAN'S NAME (Type)  A YAM ( RIAL CREMATION, 24B.	sk of iner) (y) (Year) (House hospital) atte	while At Nat Who At Work At Wo	affice bldg., INJURY OCCUR?  21F. HOW DID INJU  19 70 and the  view the bady after death.  Hending Med.  175. Director  23D. ADDRESS  MARYCAND	9 70 ta 8 - It in(my) (aur) apir Staff Phys. V	13 1976  1976  1986  1976  1976  1977  1976
21 D. 21 D. 21 D. 21 D. 22 D. 22 D. 22 D. 23 C. 23 C. 24 A. BUI	TH (notify medical exami TH (notify medical exami TIME (Month) (Do NJURT PROX.)  I certify that (I) (this (I) (we) last saw the haur and fram the ca SIGNATURE  PHYSICIANS NAME (Type)  JA YAM (RIAL CREMATION, 24B. MOVAL (Specify)	shospital) attered above the stated abov	while At Not What Work At Work	affice bldg., INJURY OCCUR?  21F. HOW DID INJU  19 70 and the  view the bady after death.  Hending Med. Director  23D. ADDRESS  REMATORT 24D. LC	9 70 ta 8 - It in(my) (aur) apir Staff Phys. V	238. DATE SIGNED  8/13/76  25/17/4
21 DEA 21 D. OF I (APP 22. that and 23A.	TH (notify medical exami TH (notify medical exami TIME (Month) (Do NJURT PROX.)  I certify that (I) (this (I) (we) last saw the haur and fram the ca SIGNATURE  PHYSICIAN'S PHYSICIAN'S NAME (Type)  A YAM (RIAL CREMATION, 24B. MOVAL (Specify)  8	SE OF iner)  (y) (Year) (House hospital) atte e deceased alixuses stated ab  B, EL  DATE	while AI Nat Who AI Work AI Wo	affice bldg., INJURY OCCUR?  21F. HOW DID INJU  19 70 and the  view the bady after death.  Hending Med. Director  23D. ADDRESS  MARYCAND  REMATORT  24D. LC	9 70 ta 8 - It in(my) (aur) apir Staff Phys. V	238. DATE SIGNED  8/13/76  05/17/40  19, town, or county)  19, town, or county)  19, town, or county)  19, town, or county)
21 D. 21 D. 21 D. 21 D. 22 D. 22 D. 22 D. 23 C. 23 C. 24 A. BUI	TH (notify medical exami TH (notify medical exami TIME (Month) (Do NJURT PROX.)  I certify that (I) (this (I) (we) last saw the haur and fram the ca SIGNATURE  PHYSICIAN'S PHYSICIAN'S NAME (Type)  A YAM (RIAL CREMATION, 24B. MOVAL (Specify)  8	SE OF iner)  (y) (Year) (House hospital) atte e deceased alixuses stated ab  B, EL  DATE	while At Not What Work At Work	affice bldg., INJURY OCCUR?  21F. HOW DID INJURY  19 70 and the  view the bady after death.  Hending Med. Director  23D. ADDRESS  REMATORY  24D. LC	9 70 ta 8 - It in(my) (aur) apir Staff Phys. V	23B. DATE SIGNED  8/13/76  15, tawn, or county)  17, tawn, or county)  ADDRESS
21 DEA 21 D. OF I (APP 22. that and 23A.	TH (notify medical exami TH (notify medical exami TIME (Month) (Do NJURT PROX.)  I certify that (I) (this (I) (we) last saw the haur and fram the ca SIGNATURE  PHYSICIAN'S PHYSICIAN'S NAME (Type)  A YAM (RIAL CREMATION, 24B. MOVAL (Specify)  8	SE OF iner)  (y) (Year) (House hospital) atte e deceased alixuses stated ab  B, EL  DATE	while AI Nat Who AI Work AI Wo	affice bldg., INJURY OCCUR?  21F. HOW DID INJU  19 70 and the  view the bady after death.  Hending Med. Director  23D. ADDRESS  MARYCAND  REMATORT  24D. LC	9 70 ta 8 - It in(my) (aur) apir Staff Phys. V	238. DATE SIGNED  8/13/76  05/17/4  19, tawn, or county)  19, tawn, or county)  19, tawn, or county)  19, tawn, or county)
21 D. OF I (APP)  22. that and 23A. 23C. 5A. BA	TH (notify medical exami TH (notify medical exami TIME (Month) (Do NJURT PROX.)  I certify that (I) (this (I) (we) last saw the haur and fram the ca SIGNATURE  PHYSICIAN'S PHYSICIAN'S NAME (Type)  A YAM (RIAL CREMATION, 24B. MOVAL (Specify)  8	SE OF iner)  (y) (Year) (House hospital) atte e deceased alixuses stated ab  B, EL  DATE	while AI Nat Who AI Work AI Wo	affice bldg., INJURY OCCUR?  21F. HOW DID INJURY  19 70 and the  view the bady after death.  Hending Med. Director  23D. ADDRESS  REMATORY  24D. LC	9 70 ta 8 - It in(my) (aur) apir Staff Phys. V	23B. DATE SIGNED  8/13/76  15, tawn, or county)  17, tawn, or county)  ADDRESS



H-53670 8225	BALTIMORE CITY	HEALTH DEPARTMENT		100 000
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO.	70 8225
Type or Print Ander Son Hallie		2. DATE AN	D HOUR OF DEATH	1.130
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	CED DEAD	,	, -	stitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	ON, GIVE STREET	Mary And		1402
39PROVIDENT HOSPITAL,	INC.	B ALTIMORE E. STREET AND NUMBER		YES V NO
5. SEX   6. RACE   7. ALABOUTD   1				WENLE
F N WIDOWED	DIVORCED	1- 10 - 1890	ast birthdoy)	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUIldone during most of working life, even if retired)	SINESS OR INDUSTRY	11. BIRTHPLACE (Stote or Coreig		12. CITIZEN OF WHAT COUNTRY
Unemployed		Dalton Gan	(C) A	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	IE SIA	U.S. A.
Cook		UNK		
5. Was Deceased Ever in U. S. Armed Forcos? (Yes, no or unknown) (If yes, give wor or doles of service)	SOCIAL	17. INFORMANT .		ADDRESS
No.	SECURITY NO.	Mrs. Minnie 7	0/50N 2/	6 w. Latauette
18. 2 4 7 0 4 0	CAUSE OF DEATH		7.	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY			- 1	BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A)IMMEDIATE CAU	SE D. Mellitus	C Hadosi	2. JAMA
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,		CONSEQUENCE OF:	+ Asothin	14. Str. 14
injury or complication which caused death.)	5	1 de 0 11 al		
ANTECEDENT CAUSES	(B) DiAL	seles Millitus	O RENG	7
DISEASES OR CONDITIONS, if ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:	2 40 4	
rise to the above cause (A) stating the UNDERLYING CONDITION last.	10 /ruha	610 ACIANIE	-0 7 amico	-
11	(0)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	*****************			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A]. 19A. DATE OF OPERATION 19PR CONDITION FOR WHICH WAS PERFORMED  21A ACCIDENT WAS UNDERLYING [7] 21R. PLA	H OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE FILL IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
and desired the second	CE OF (NJURY (e.g., in xm., foctory, street, olfi	or obout 21C. WHERE DID	(If In Boltimore	City, give exact location)
	URY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
(APPROX.)  White A	Not While			
22. I cectify that (1) (this hospital) attended the de	AT WORK		70.	
that (1) (we) last saw the deceased alive on	aceosed from		710	19/0
	X 41/	7 19 20 and that	(my) (our) apini	on death accurred on the date
ond hour and from the causes stated obave. (1) (W. 23A. SIGNATURE	e) (did) (did not) vi	ew the body ofter death.		
High truster	Atten	ding Med. S	laff [7]	23B. DATE SIGNED
23C. PHYSICIANS NAME-TYPE	DEGREE Phys.	Director Pi	hys. L	1///0
EliTAH SHUND	EVE DEGREE	pheridant by	Es petal	. Balk, MO 2121
Radio the topedity	OI CEMETERY OF CREA	1	ATION (City,	, town, or county) (Stote)
SA. DATE REC'D BY HEALTH DEPT. 258, NAME OF RE	ern Star		alk.	Maryland
AUG 1 8 1970 ? E . J	See See See See See See See See See See	MORTON & DU	ett Ell 1	701 LAURENS SI
'S 150-REV. 1/1/68	A.1.	Tille Ion	11.11. /	101 LAURENS SI



520 10 8226	BALTIMORE CITY	HEALTH DEPARTMENT		70 8226		
D O E BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	10 8226		
1. NAME OF DECEASED		2. DATE A	ND HOUR OF DEATH			
Type Ronnie L. Dwens		8-	16-70	1 400 A		
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (Who	ero decoased lived, Il i	nstitution: residence before admission)		
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUT ADDRESS OR LOCATION)	ION, GIVE STREET	MARYLAND	BALTIM	ORE CITY 2/3		
		ENLY IMORE	D. INS	YEAN NO		
Johns- Hopkins Hospital		E. STREET AND NUMBER		159-		
33		4900 GRINDO	N AVE			
5. SEX 6. RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	II Under 1 Yr. , II Under 24 Hrs.		
MALE NEGRO WIDOWED	DIVORCED	8-22-38	lost birthdoyl	Months Doys Hours Min.		
10A, USUAL OCCUPATION (Give kind of work 108, KIND OF 8 done during most of working life, even if retired)	USINESS OR INDUSTRY	11. SIRTHPLACE (Stote or fore	eign country)	12. CITIZEN OF WHAT COUNTRY?		
The state of the s	partment	South	Carolina	U.S.A.		
13. FATHER'S NAME	F	14. MOTHER'S MAIDEN NA				
ROME OWENS		HEST	ER POMPEY			
15. Was Decaased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor at dates of service)	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
No.	184-28-2344	Mrs. Parthenia	0wens 490	O Grindon Avenue		
18. 6 82 XI	CAUSE OF DEATH			APPROXIMATE INTERVAL		
DISEASE OR CONDITION DIRECTLY		n. h.		BETWEEN ONSET AND DEATH		
(This does not mean the made of dying, e.g., Due to, or as a consequence of:						
near torote, astrotta, etc. it literals like disease,						
ANTECEDENT CAUSES	injury or camplication which caused death.)					
DISEASES OR CONDITIONS, if any, giving	(B) / CO)	aconsection of:	<u> </u>			
rise to the above cause (A) stoling the	•					
UNDERLYING CONDITION last.	(c) C 1201	nic gromanul	o regiment	<u></u>		
Z						
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL A DISEASE OR CONDITION GIVEN IN PART 1 (A)						
	ICH OPERATION	20A. AUTOPSY? (Yes or No	o) 208. IP YES. WERE	FINDINGS CONSIDERED		
198. CONDITION FOR WH  8-11-70 WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 1218 BI		NIO	IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH?		
OR CONTRIBUTING CAUSE OF	ACE OF INJURY (e.g., In	or obout 21 C. WHERE DID	(If In Boltimor	re City, give exoct location)		
DEATH (notify medical examiner)	totale tocoldy, silede oth	ce modelisanti occusi.				
	JURY OCCURRED	21F. HOW DID INJ	URY OCCUR?			
(APFROX.) While	At Not While At Work					
that (We) last saw the deceased alive an	3-16-					
and haur and fram the causes stated above. O		and th	or in (my) (ant) abi	nian death accurred on the date		
23A. SIGNATURE	ue) (Gig not) vi	ew the bady after death.		23 B. DATE SIGNED		
John W. Baly in n	Alten	ding Med.	Staff [7]			
	DEGREE Phys.	Med. Director D	Staff Phys.	8/10/70		
23C. PHYSICIAN'S NAME (Type)			0 40 1	Locate D		
24A. BURIAL CREMATION, 124B. DATE 124C. NAME	7 DEGREE		opninst	TO SAM M		
REMOVAL (Specify)	LE OF CREATERY OF CREA			ty, town, or county) (Stote)		
	utus Memorial		Baltimore,	Maryland		
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF		MORTON C DVE		ADDRESS		
AUG 18 19/10 OGB & E Jak.	ALD.	MORTON & DYE	-11 F.H. 17	701 Laurens St.		

Both should be 2907 Spring hill Ave.
called M.E.

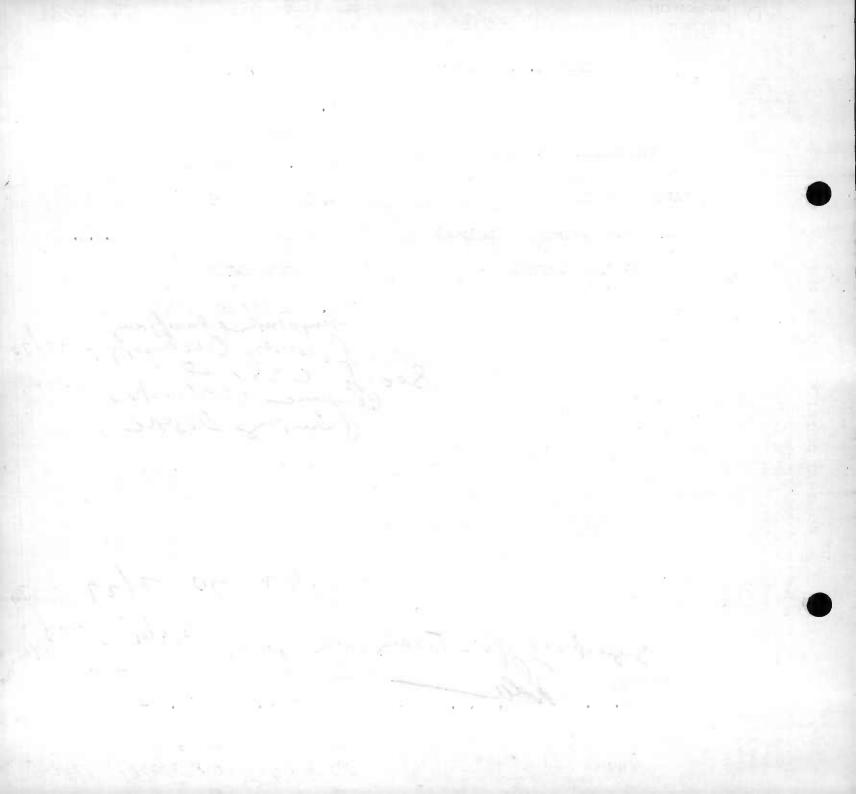
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BALTIMORE CITY HEALTH DEPARTMENT

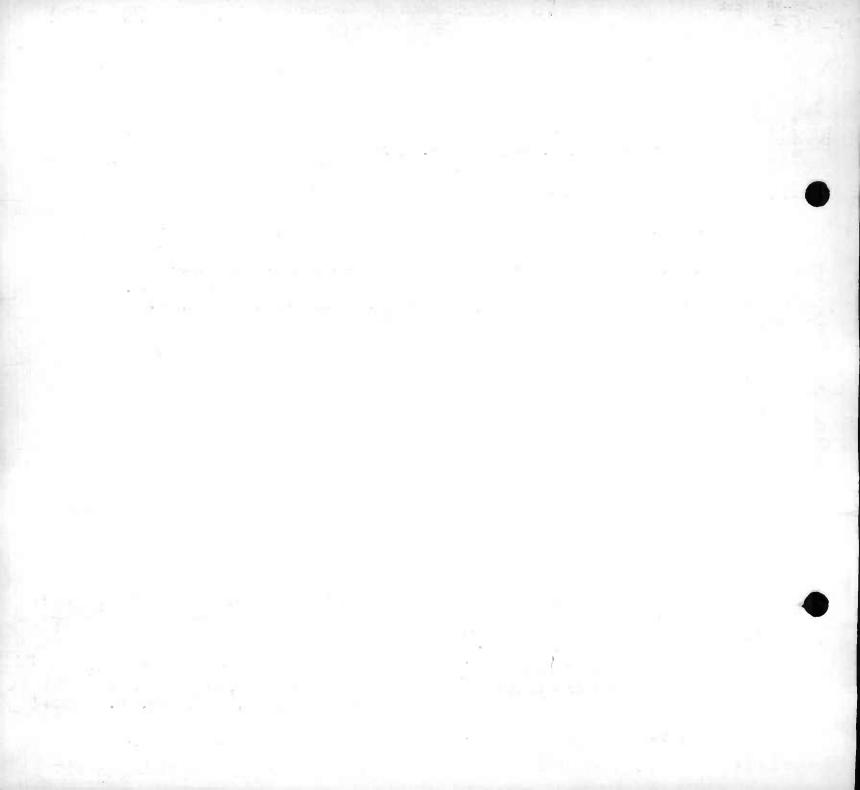








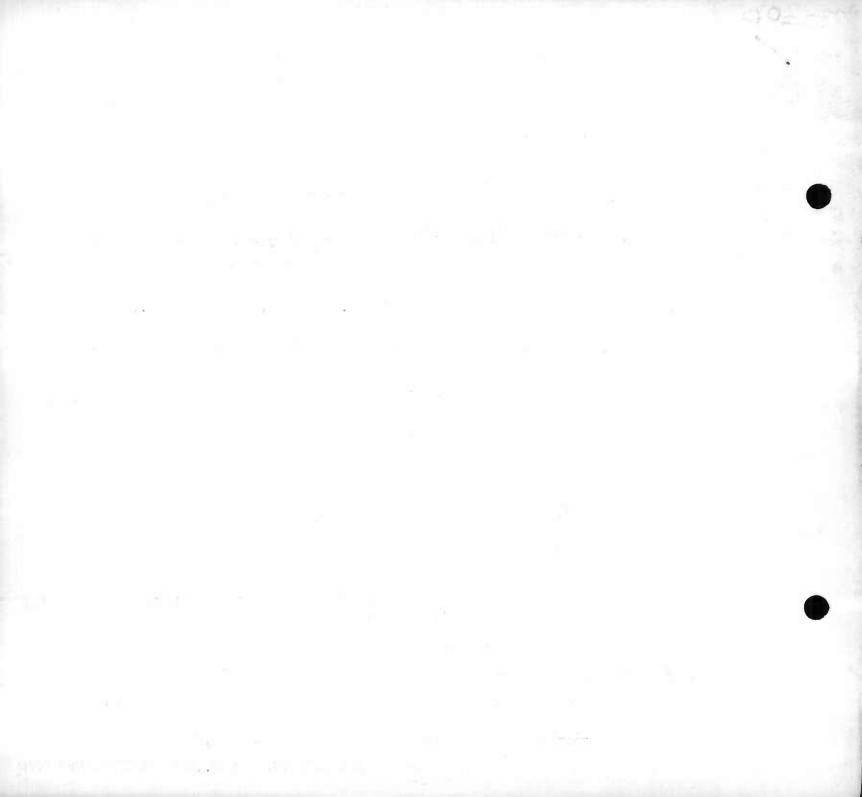
K	VU 8232 BALTIMORE C	CITY HEALTH DEPARTMENT 70 8232					
В	RTH NO. CERTIFIC	CATE OF DEATH REG. NO. NO. SEGRE					
ī,	NAME OF DECEASED	2. DATE AND HOUR OF DEATH					
C	ype or Print Marma Ridinger	8/16/70 215					
3	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admit					
ı,	III MANAS OF US NOT IN HOSPITAL OF HISTORIA	D. COUNTY					
H	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	G. CITY OR TOWN					
1		D. Itside City minst					
	Baltimore City Hospitals 4940 Eastern Ave. Baltimore, Md. 212	E. STREET AND NUMBER					
	4940 Lastern Ave. Paltimore, Md. 212	52- N. Belnord Ave 21205 007					
S,	SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years If Under 1 Yr. If Under 24 Months; Doys Hours; N					
	Temale   White   WIDOWED   DIVORCED	7/12/16   last birthdoy)   Months Doys Hours N					
10	A. USUAL OCCUPATION (Give kind of work TOB, KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COU					
	ng during most of working life, even if retired)						
	FATHER'S NAME	Maryland U.S.A.					
	1.11	1					
1/2	VITTIAM KUREK	HOWES TASIAK					
(Y.	Was Deceased Ever in U. S. Armed Forces?  16. SOCIAL SECURITY NO.	17. INFORMANT 4940 Eastern Ave. ADDRESS					
	No 211-52-246						
	18. CAUSE OF DE	ATH I APPROXIMATE INTER					
	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND					
	LEADING TO DEATH						
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease,	AS A CONSEQUENCE OF:					
	injury or complication which caused death.						
ı	ANTECEDENT CAUSES ALLE LARROW + DOLLEROW QUALITY						
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:						
	rise to the obove cause (A) stating the UNDERLYING CONDITION last. (C)						
	11	***************************************					
Z		M. 11. (-)					
F	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	tes Mellitus					
FI	19A DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20A AUTOPSY? (Yes of No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFTING CAUSES OF DEATH? YES					
CERTIF							
	21A. ACCIOENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g. hame, form, foctory, street	office bldg., INJURY OCCUR? (If in Baltimore City, give exect location)					
MEDICAL	DEATH Inotify medical examined etc.)	Ones order record					
EDI	21D. TIME   Month) (Doy) (Year) (Hour 21E INJURY OCCURRED	21F. HOW OID INJURY OCCUR?					
2	OF INJURY	/hile					
	22. I certify that (1) (this haspital) attended the deceased from that (1) (we) last saw the deceased alive on 8/16 2/15 PM						
		and that in (my) (war) opinion death occurred on the					
	and hour and from the causes stated above. (1) (We) (did) (did not	view the body after death.					
İ	23A. SIGNATURE	23B, DATE SIGNED					
	I ANNOY PATRICIAN AND	Attending Med. Steff 9 8/16/70					
	23C.PHYSICIAN'S						
	NAME (Type) ETOISE HARMAN	partimore, city nospitals					
24	BURIAL CREMATION, 124B. DATE 124C. NAME OF CEMETERS OF CHARTERS OF						
1	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF C	CREMATORY 24D. LOCATION (City, town, or county) (Sto					
6	20011771 18-20-10 HOLY (105AD	y Czal. BATINORE Md					
25	DATE REC'D BY HEALTH OEPT. 258 NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS					
	AUG 19 1970 Pober E. Jaben, M.D.	B. DABROW SKI 2 SIFE BUTTO. St.					
VS	150-REV. 1/1/68						



-	70 8233 CERTIFICATE OF PEARTMENT 70 8233	
	RTH NO.	
1, P (Ty	NAME OF DECEASED PORTS AND DENGO 2. DATE AND HOUR OF DEATH	
3.	PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where desposed fived, It institution: residence below admission)	
	A. STATE & COUNTY &	
HC	STITUTION OF ADDRESS OR LOCATIONI STITUTION STITUTION  C. CITY OR TOWN  D. INSIDE CITY LIMITS?	
6	on the palline general Hosp. Balline YES NO	
3	3001 South Hours St, Balt, Me 21230 E. STREET AND NUMBER Siverside RS.	
5. :	SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthdoy) Months; Doys ; Hours; Min.	
Z	WIDOWED DIVORCED 16/28/9/ 72	
	e during most of working life, even if retired)	
12	table hufe. Cluyea.	
130	FATHER'S NAME  (14. MOTHER'S MAIDEN NAME	
15	Was Passassed from to U.S. A. S.  (Ye:	Wos Deceosed Ever in U. S. Armed Forces?  and ar unknown! (If yes, give war or dates of service)  16. SOCIAL  17. INFORMANT  ADDRESS  ADDRESS
	1215 07 1435-D. Dayly Jane.	
	DISEASE OR CONDITION DIRECTLY  CAUSE OF DEATH  APPROXIMATE INTERVAL BETWEEN ONSET AND GEAT	
	LEADING TO DEATH	
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. Il means the disease,	
	injury ar camplication which caused death,)	
	ANTECEDENT CAUSES	
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:	
	UNDERLYING CONDITION last. (c) Voed Save	
_		
5	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
S	DISEASE OR CONDITION GIVEN IN PART 1 (A).	
RTI	WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?	
. 1	21A. ACCIDENT WAS UNDERLYING  21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, foctory, street, office bidg, injury OCCUR?  [If In Boltimare City, give exact location]	
31	DEATH (notify medical examined etc.)	
MEDI	21D. TIME (Manth! (Day! (Year! (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
<	(APPROX.)  While At Not While Work  At Work	
	22. I certify that (I) (this hospital) attended the deceased fram	
	that (1) (we) last saw the deceased alive an	
	and hour and from the causes stated above. (1) (We) (did) (did not) view the bady after death.	
-	23A. SIGNATURE 23B. DATE SIGNED	
	Cinic Wassy Degree Phys. Med. Director Phys. 8/17/1970	
	23C. PHYSICIAN'S NAME (Type) ANIS Misaf WASIF 23D. ADDRESS & Deltime Jenal Corp.	
24A	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote)	
	BURIAL STYLL TO HOLY KEDEEMER BALTO CO MA	
25A.	DATE REC'D BY HEALTH DEET 25B, NAME OF REGISTRAR 25G, FUNERAL DIRECTOR ADDRESS ONE AUG 19 1970 Use & Saley M.D. 25G, FUNERAL DIRECTOR ADDRESS ONE	
	AUG 19 13/0 Vales E. Jabes, R.a. Mor Cully F. 1/37 folopses are	
1	150-REV, 1/1/68	



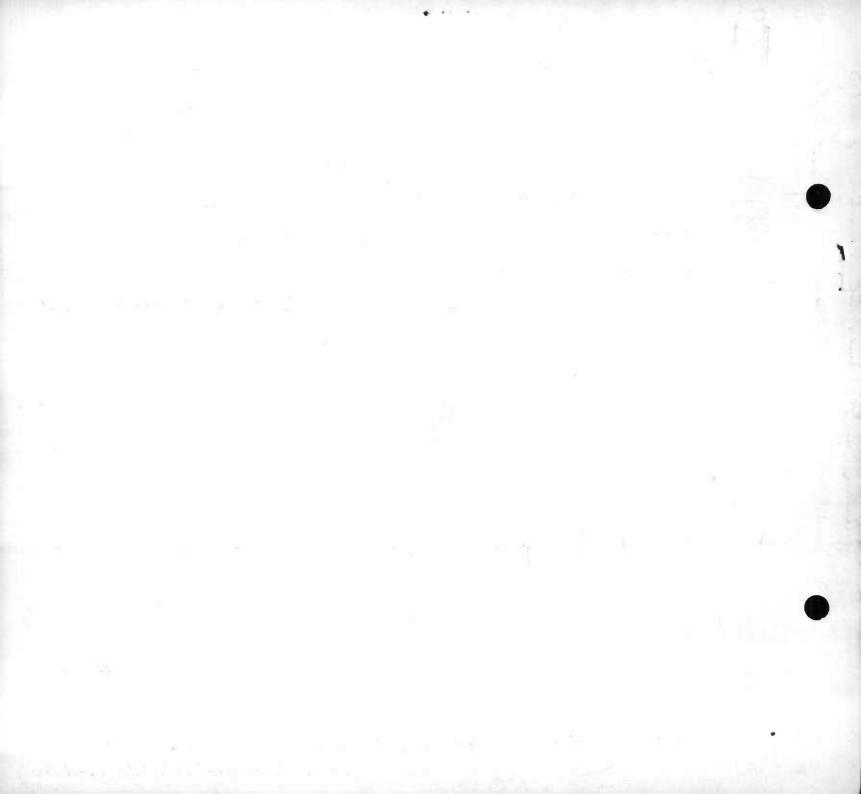
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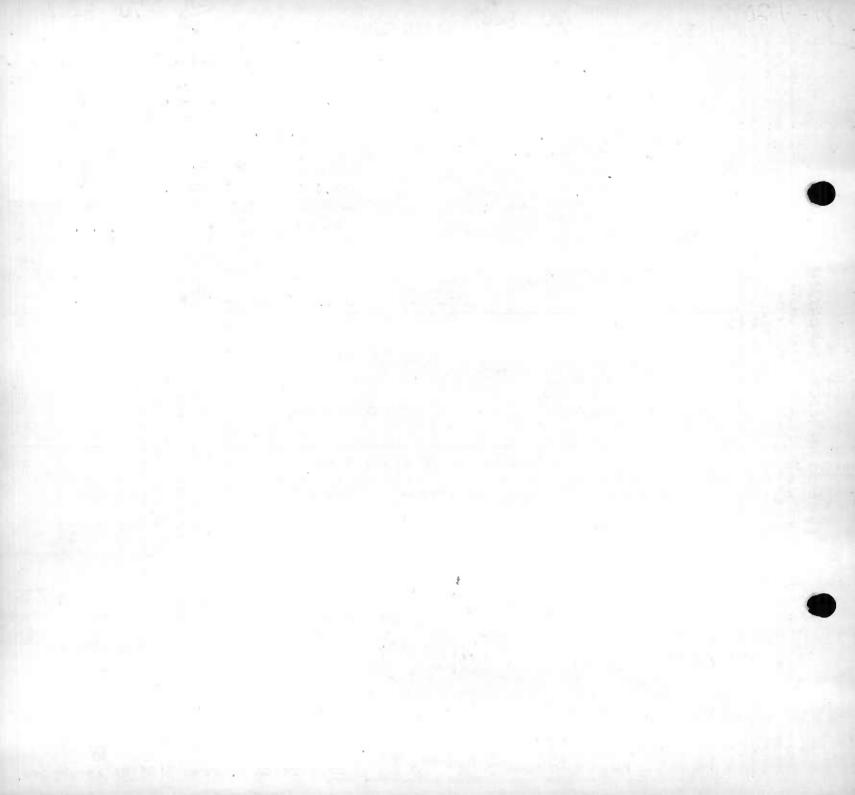


0 1 1	MACO.	BALTIMORE CITY	HEALTH DEPARTMENT	X	70 8235	
BIRTH NO.	70 82	235 CERTIFICA	TE OF DEATH	REG. NO	0.00	
Type or Print	ENSNY, SA	RAH	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	17 A LIGHT	MAIS	
3. PLACE IN BALTIM	ORE, MARYLAND, WHERE PRON	OUNCED DEAD	4. USUAL RESIDENCE (Wh.	ere decegged lived II ins	SPAY.  Typilogy residence before edmi  REISTERTOL	ssion)
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOCATIONI		X XXXX XXX XXX XXX XXX XXX XXX XXX XXX		E CITY LIMITS?	VN
DIVIVE	SSITY OF M	BRYLAND	REISTERST		YES NO	
OHOJ SI.	TAL		E. STREET AND NUMBER	VALLEYROA	D 530	0
5. SEX EMALE 6. 8	WHITE NARRIEN	D NEVER MARRIED DIVORCED	8. DATE OF BIRTH 3 /12/8XX97	9. AGE (In yeors 73 lost birthdoy) 73	If Under 1 Yr. If Under 2-Months Doys Hours A	Hrs.
10A, USUAL OCCUPA done during most of work	TION (Give kind of work 108, KIND (ing life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or for	reign country)	12. CITIZEN OF WHAT COL	NTRY?
HOUZELL 13. FATHER'S NAME	AT HO	OME	LITHUA		AMERIC	A
KENNY BIN	Fehreider		Phinly	*XXXXXXX		
15. Was Deceased Eve (Yes, no or unknown! (If	of in U.S. Armed Forces? yes, give wor of doles of service)	16. SOCIAL SECURITY NO. 215-03-5790B	MR. LOUIS BENS		ADDRESS XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX
1B. 150	X I	CAUSE OF DEAT	H LOUIS BENS	KY, 108 CHERI	APPROXIMATE INTER	VAL
LEA	R CONDITION DIRECTLY	(A) IMMEDIATE CAL	SECONDINA DAL	· alles of he	29 ()	
heart tailure, asth	mean the mode of dying, e.g tenia, etc. It means the diseas	DUE TO OR 15	A CONSEQUENCE OF:	ay taly bu	yaq	1-0-000
	alian which caused death.) ECEDENT CAUSES	Moto	-t-t-ipo	Pres	1/12	
DISEASES OR	CONDITIONS, if any, giving bave cause (A) stating the	g DUE TO, OR AS	A CONSEQUENCE OF:	1 - DO	y news	10.00
UNDERLYING CO	ONDITION last.	(c) Steel	trulplun	l effusio	-44	10:05
OTHER SIGNIFICAN	II NT CONDITIONS CONTRIBUTING	•	,			
✓   DISEASE OR COND	IT NOT RELATED TO THE TERMINAL PITION GIVEN IN PART 1 (A).  ERATION 198. CONDITION FOR	****************	120 A	N oop	***************************************	
	WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or N	IN CERTIFYING CAUS	NOINGS CONSIDERED SES OF DEATH?	
OR CONTRIBUTION	GI I CAUSE OF Iho	B. PLACE OF INJURY (e.g., in me, form, foctory, street, at	ar about 21 C. WHERE DIO	(If In Boltimore	City, give exact location)	
OF INJURY		E. INJURY OCCURRED	21F. HOW DID IN.	JURY OCCUR?		
(APPROX)	w	/hile At Not While At Work		2/1		-
	t (1) (this hospital) ottended t saw the deceosed alive an			19 <u>70 to 8 / 70</u>	on death occurred on the	- O
,	m the couses stated above.[				on decin occurred on the	aate
23A SIGNATURE	2.410	Dr. Leage	nding Med. 1727	]2	3B. OATE SIGNED	
23 OPHYSICIAN'S NAME (Type)	Mas M.D.	DEGREE Phys	Med. Director X	Staff Phys.	8/13/20	100
HAISEL	ARDO ALV	ARED	Vinuelis	its of Ma	ifland Her	rila
24A. BURIAL CREMAT REMOVAL (Speci	10N, 24B, DATE 24C.N	TAME OF CEMETERY OF CRE	MATORY 24D. L	OCATION (Gity, ISTERSTOWN, M	ARY LAND (Sto	(e)
BURIAL 25A. DATE REC'D BY	HEALTH OEPT. 258, NAME	EB SHALOM MEMO				
AUG		Jaber M.D.	SOL LEVINSON	BROS.,6010	REISTERSTOWN RO	)AD
/S 150-REV. 1/1/68						

If the property of the same 

5-34	01	BALTIMORE CITY HEALTH DEPARTMENT	8236
71.5	200	BIRTH NO. 8236 CERTIFICATE OF DEATH REG. NO	0000
al and	on the	I. NAME OF DECEASED  I. Type or Print of Print o	1210
of to other	t Poe	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived, If institutions is a state of the pronounced of the pronou	esidence before odmission)
A 11 - 2	danc denc	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET C.CITY OR TOWN D. INSIDE CITY L	2745
104 00	ten t	BALTIMONE YES Y	
in Hingi	B # '6 .	E. STREET AND NUMBER	
5.5	ar ar de	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lift Under Manthet	
occurre ontribut	ermined regular sased p is made	White WIDOWED DIVORCED 11-22-58	Doys Hours Min.
4 0 6 0	2 2 C C C C C C C C C C C C C C C C C C		ZEN OF WHAT COUNTRY?
7 50	tie a	Student  MARY /AND  W  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME	5 p
21 25	was the spos	12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	0 /-
A = ===		Charles F. STARR CATherine CAMpbell	md.
A. A po	death death ce on nal di	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)  SECURITY NO.	ADDRESS
R Sis	A D O'E	No Charles F. Starr - 6517 Rosemo	nt Ave12/206
PORTA is assisted, if the	ced	CAUSE OF DEATH	APPROXIMATE INTERVAL
M H	4 5 0	16. MOTHER'S MAIDEN NAME  Charles F. Stare  Store Complete  Store Complete  Cather in a Campbell  Cather in a Cather in a Campbell  Cather in a Campbell  Cather in a Campbell	
7 - 04		This does not meon the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF:	
No.	pro pro mba	injury or complication which caused death.)	
X F EE	P 0 0	ANTECEDENT CAUSES	
RECTOR:	3 × 2	DISEASES OR CONDITIONS, if any, giving the TO, OR AS A CONSEQUENCE OF:	
300 00	iciar as i ains	UNDERLYING CONDITION Iost.	
IAL medic	physic an wo	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL	
LLLan	the the	DISEASE OR CONDITION GIVEN IN PART 1 (A).  179A-DATE OF OPERATION 199R. CONDITION FOR WHICH OPERATION 200A. AUTOPSY? (Ves or No.) 208. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF 1	CONSIDERED
3 5 5 6	4 + Yo	U 21A. ACCIDENT WAS INDESTRING TO A PROPERTY OF INDUSTRIAL	
4 4 5	here do pl	OR CONTRIBUTINO CAUSE OF home, form, foctory, sheet, office bldg., INJURY OCCUR?	exact location)
l by	66 × ×	Q 21D. TIME (Month) (Doy) (Yeer) (Hour) 21E INJURY OCCURED 21F. HOW DID INJURY OCCUR?	
, e	d d d	Markoti V 70 0   Week   At Week   X	
0 e	Z X E A	22. I certify that (1) (this hospital) attended the deceased from Aug. 8 19 70 to Aug.	14 19 70
d of	0	that (I) (we) last saw the deceased alive an	h accurred on the date
P P		and haur and from the causes stated obave. (1) (We) (dld) (dld not) view the body ofter deoth.	
ust	V = -	23A. SIGNATURE  Hilma C. Lacear Mr. Attending Med. Shaff	E SIGNED
E	4 5 4	Historia C. Malear Mar. Attending Med. Staff Phys. Director Phys. Director Phys. Director Phys.	14/70
ate	A. at a l prior to pproval	23C. PHYSICIAN'S NAME (Type)  23D. ADDRESS	
1 3	ap d	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or	r county) (Stote)
od	D.O 0.0 0.0 0.0		
is of	2 0 **	Burial 8-18-70 Gardens of Faith (emetery Baltimore, Maryla 25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR 25C. FUNERAL DIRECTOR John (. Miller Inc-6415 Belai	ADDRESS
This street	र के द ल	AUG 19 1970 P. R. B. E. Jabes, M.B. John C. Miller Inc-6415 Belai	r Rd21206
		VS 150-REV. 1/1/68	





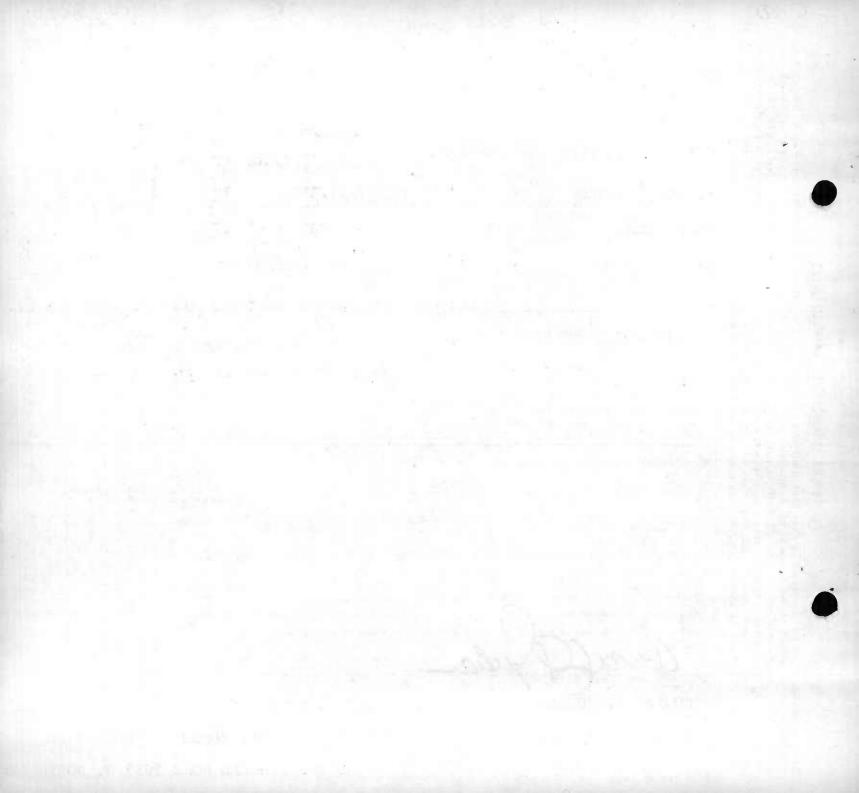
771	PP4 C)	-000	BALTIMORE CITY	HEALTH DEPARTMENT		70 8238	
2	/0	8238	CERTIFICA	TE OF DEATH	REG. NO	70 8238	
BIRTH NO.	DECEASED		0=1(11110)		AND HOUR OF DEAT	<del>-</del>	
1. NAME OF	1)	the sheet on an or				1 1 1 5	D
2 PLACE II	Elsie Gi		CED DEAD		bere deceased lived. It	institution: residence before or	PM.
3. TEACE II	TORETHIONE WIRKIERIO,	WHERE PROMOBIN	CLD DLAD	A. STATE B. COL	UNTY	CIAT	/
FULL NAM HOSPITAL INSTITUTIO	E OF (IF NOT IN HOSPI OR ADDRESS OR LOC	TAL OR INSTITUTE	ON, GIVE STREET	Md		701	
INSTITUTIO	N ADDRESS OR LOC			C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?	
1	Midtown He			Baltimore		YES XX NO	
40	808 St. Pa			E. STREET AND NUMBER			
	Baltimore			1754 Montpel			
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours	Min.
F	N	WIDOWED 3		6/8/86	84		
	OCCUPATION (Give kind of wor	10B. KIND OF BU	USINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fo	oreign country)	12. CITIZEN OF WHAT	OUNTRY?
	Wife			Manuland			
13. FATHER				Maryland 14. MOTHER'S MAIDEN N	AME		
Alex	Martin			Sarah			
(Yes, no of un	Martin leased Ever in U. S. Armed Fo known) (It yes, give wor or dot	es of service)	SECURITY NO.	17. INFORMANT		ADDRESS	
			214-12-2997	Mrs. Elsia 1	Long 1754	Montpelier 5	h .
18.	134		CAUSE OF DEAT	H	TOIL TIOT	APPROXIMATE IN	TERVAL
	DISEASE OF CONDITION D	IRECTLY	Cardi	Resuix	m Don Co	BETWEEN ONSET A	ND DEATH
	LEADING TO DEATH		(A) IMMEDIATE CAL	JSE	7		
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	ir camplication which caused		aire	ussair !		Ta .	
	ANTECEDENT CAUSES	S	Gen	o CereBor	Certu	soleton	
DISEAS	SES OR CONDITIONS, if	any, aivina	DUE TO, OR AS	A CONSEQUENCE OF:			
rise t	a the abave cause (A)		01/2	Branil	Franks -	0	
UNDER	LYING CONDITION last.		(c) C 217 C	100000			
z	- 11					(44)	
= IO THE	DEATH BUT NOT RELATED TO	THE TERMINAL	mal	sutruta	1		
<b>▼</b> DISEASE	OR CONDITION GIVEN IN PA	RT 1 (A).	ICH OPERATION	20A. AUTOPSY? (Yes or	Nol 208. IF YES WED	F FINDINGS CONSIDERED	
19A. DA	WAS PER	REDRINED	. D. T. ENGILOR		IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?	
U 21A. AC	CIDENT WAS UNDERLYING!	218. PL	ACE OF INJURY (e.a., i	n or obout 21 C. WHERE DID	(If in Boltim	ore City, give exact location)	
OP COL	CCIDENT WAS UNDERLYING TRIBUTING CAUSE OF (notify medical examiner)	home,	form, foctory, street, o	ffice bldg., INJURY OCCUR?	in in comm	and and averaged the	
9							
OF INJ	AE (Month) (Doy) (Yeor) JRY		JURY OCCURRED	21 F. HOW DID I	NJURY OCCUR?		
2 (APPRO		While Work	At Work	е			
22. 1 0	ertify that (1) (this haspita	l) attended the	deceased from	ELL I	19 5 CB A	19 VST 16 19	10.
	(we) last saw the deceas					plnian death occurred an	
			W 32222			pinian asam accurred an	THE UUTE
	ur and fram the causes sto	ited abave. (I) (	Warter (dld nat)	riew the bady after death	h.	COR BATE CITIES	
23A. SIC	NATURE			andian = / Had =		23B, DATE SIGNED	
le	llack Qg	exces.	DEGREE Phy	ending Med. Director	Staff Phys.		
23C. PH	rSICIAN'S ME (Type)	0		23D. ADDRESS	1 . /	. 0	
1 A	1/ / And An	OLECT	71	4615 Me	Herston	inhal	
24A. BURIA	CREMATION, 24B. DATE	24C. NAM	E of CEMETERY OF CR	EMATORY 24D.	LOCATION	City, town, or county)	(Stote)
REMO	VAL (Specify)						
Buri		70 Mt	Auburn Com	etery B	Balto., Md.	)	
25A. DATE	REC'D BY HEALTH DEPT.					ADDRESS	
	Aug 19 19/0	العانوية في	Faber, K.D.	Wm C March	1 928 E. I	North Ave.	
/S 150-REV	1/1/6B						

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7 -	2 201	70 8240 BALTIMORE CITY HEALTH DEPARTMENT 70 8240
	P. P. P. F.	BIRTH NO. CERTIFICATE OF DEATH REG. NO.
	an eat ase th th	1. NAME OF DECEASED (Type of Print)  2. DATE AND HOUR OF DEATH
		JONES MARCARET 6.
	tio of the	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)  A. STATE  B. COUNTY
	hospital ise of a (5) Dece ance on death.	
	Se; (Se)	HOSPITAL OR ADDRESS OR LOCATION)  INSTITUTION  INSTITUTION  C. CITY OR TOWN  D. INSIDE CITY LIMITS?
		BAITIMORE YES - NO
	ring d cau	E. STREET AND NUMBER
	ed ed ed ed ed ed ed ed ed ed ed ed ed e	LUTHERAN HOSPITAL OF MARYLAND 2214N. ROSE DAIE STREET
-	3.5.5.00	** MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under ) 1. If Under 24 His.
	contril contril letermir in regul eceased	WIDOWED N DIVORCED 1 3 - 7 - 8()
	in r	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State at faceign country)  12. CITIZEN OF WHAT COUNTRY
		Housewife Home $N.C.$
	de Cr	13. FATHER'S NAME
-	rect or (4) Und was the dispositi	Zeb Harrison Sarah Jane Newly
Z	E 3 E 5	15. Wes Decessed Ever in U. S. Armed Forces?   16. SOCIAL   17. INFORMANT   17
TA	the the kind deat	SECURITY NO.
2	d d d	1/1-10-1685 Firs. Bernice Berl 2214 N. Rosedale St
IMPORTANT	S Ce	AFFWEEN ONSET AND DEATH
2	" U 3 + 0	LEADING TO DEATH
		(This does not mean the mode of dying, e.g., A) IMMEDIATE CAUSE  DUE TO, OR AS A CONSEQUENCE OF:  DUE TO, OR AS A CONSEQUENCE OF:
OR:	er. ctu pro pro lar	heart taiture, asthenia, etc. It means the disease, injury or complication which coused death.)
9	xaminer xaminer ) A fracti who pri regular	ANTECEDENT CAUSES Rence & Law lune
5	A P P P	DISEASES OR CONDITIONS, if any, giving  DUE TO, OR AS A CONSEQUENCE OF:
DIRE	8 M - E	rise to the above couse (A) stating the UNDERLYING CONDITION last.
0	dical dical diras; (( rsician was il mains	CONDITION 1051. (C)
7		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
2	y by phy ign	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
FUNERA	sic sic	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
5	U - D - > 0	(1) 21A A CCIDENT WAS UNDERLYING TO 1919 1919
1	the al by (2) ere o ph	OR CONTRIBUTING CAUSE OF home, larm, factory, street, office bldg. INJURY OCCUR?
	メニッテスコ	
	atu atu	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
CIN.	> = 8 D D	While At Wark  Not While C
	prov the ny n exce and obta	22. 1 certify that (1) (this hospital) attended the deceased from 7 - 2 + 1970 ta 8-17-70 11-19 AM
	0 00	that (i) (we) last saw the deceased alive an 11 13 AM Q 17 19 70 and that in (my) (aur) opinion death occurred on the date
	00-	and have and from the couses stated pove. (1) (We) (did) (did not) view the body after death.
		23A. SIGNATURE 23B. DATE SIGNED
	E A	M, D 'DEGREE Phys. Director Phys.   8-17-70
	rificate my was rel (1) An acc 3.A. at a la prior to	23C. PHYSICIAN'S NAME (Type)  23D. ADDRESS  23D. ADDRESS
•	was r was r I) An a A. at d prior	Nassir SAGHAFI. M.D. Lutheran Hosp. d. M.
	S A P B	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, tasks, or county) (Stote)
	L #1 0 0 0 -	
	This certithe body shows: (1) was D.O. deceased	Burial 8/21/1970William Howard Day Steelton Pa.  25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTAR 25C. FUNERAL DIRECTOR ADDRESS
	This the show was was dece	1) ALTERIA DE MARTINE LA MARTINE DE MARTINE
		VS 150-REV. 1/1/68 NUTTER FUNERAL HOME 3035 W. NORTH AL





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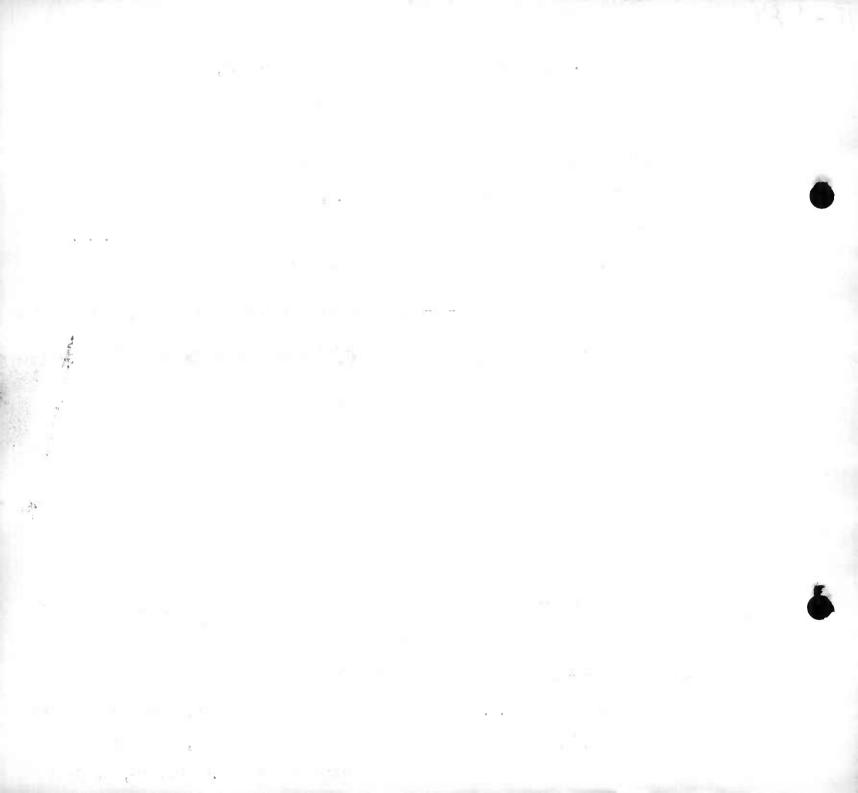
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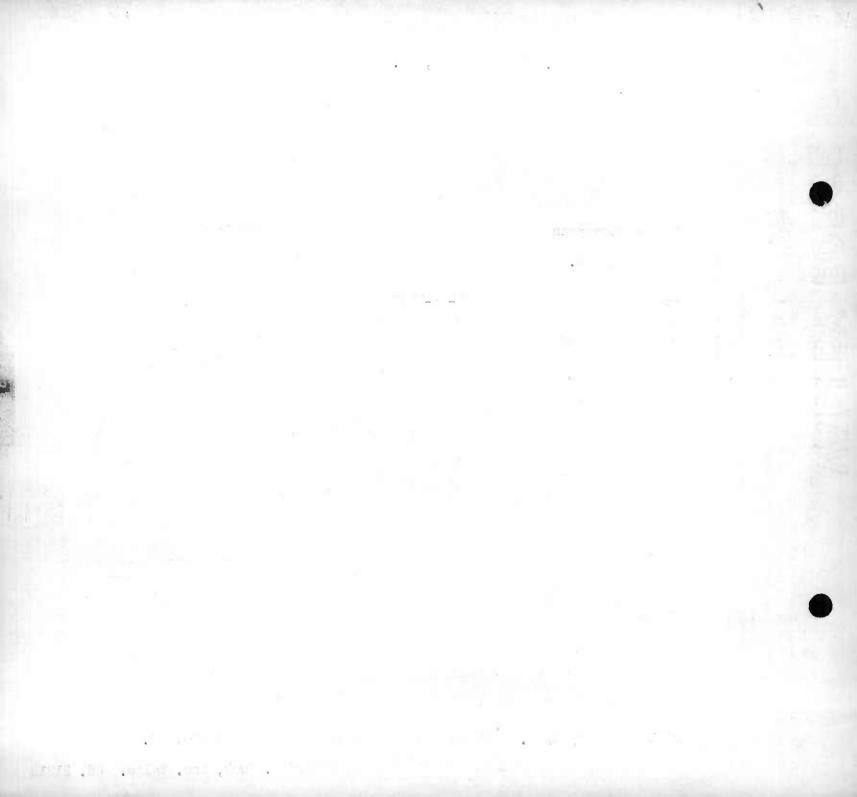
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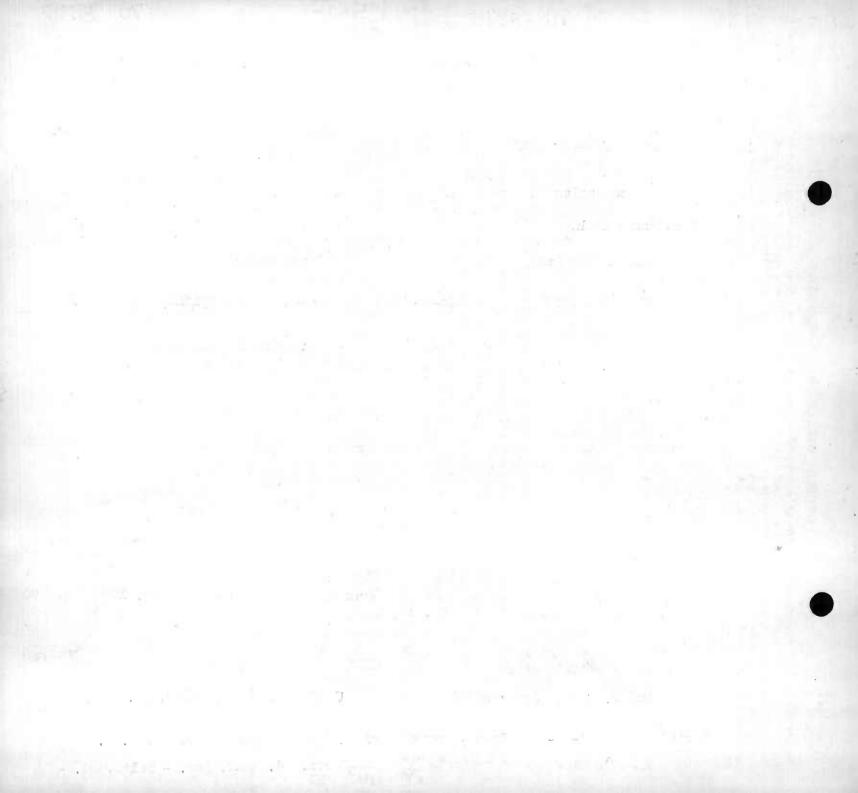
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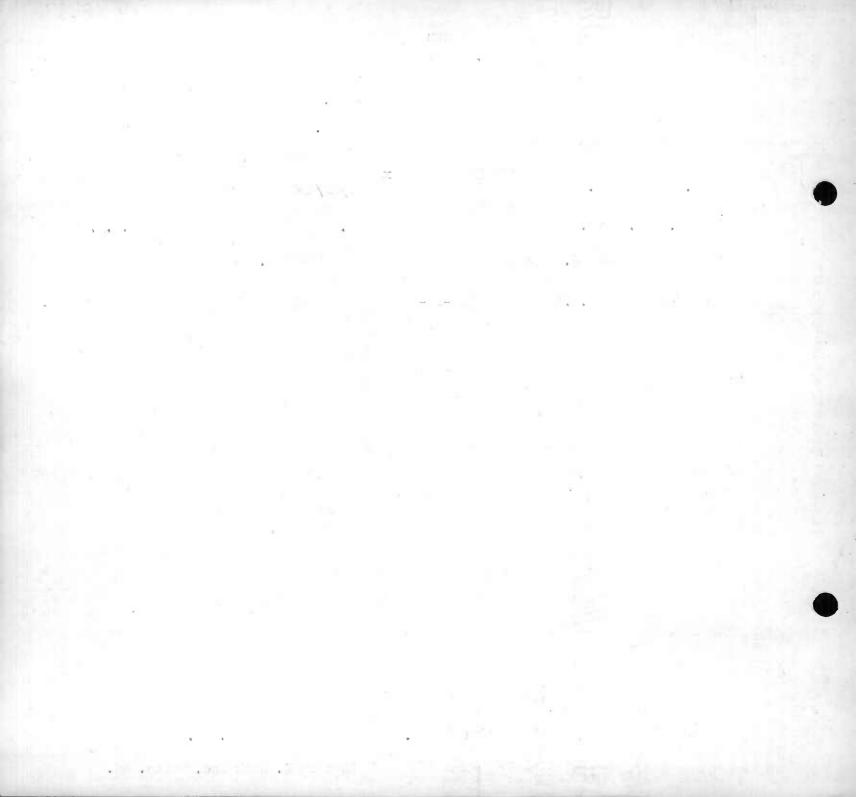
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	OF DECE	70	Q, <del>v</del>	44 CERTIFICA			ND HOUR OF	DEATH	
(Typa ar		Amelia F. Rah	nefeld			Augus	st 15. 19	970	11217
3. PLAC	IN BALT	IMORE MARYLAND, W	HERE PRONC	UNCED DEAD	4. USUA A. STATE	L RESIDENCE (Wh	ere deceased liv	red. If institution	ont residence bef
FULL N	ME OF	(IF NOT IN HOSPIT	AL OR INSTI	TUTION, GIVE STREET	Mar	yland			274
INSTITU	ION	ND211213 ON 6001	~11014)		11	RTOWN		D. INSIDE CI	
00					E. STREE	Ltimore		YES	X NO
UU.	34	05 Roselawn	Ave		340	Roselawn	Ave		
5. SEX		6. RACE	7- MARRIED		8. DATE C		9. AGE (In yes	84	Inder 1 Yr. If
Fem		White	WIDOWED	DIVORCED [	Jan.	6, 1883	1	37	
dane duris	g most of w	rorking life, even if retired)	IOB KIND O	F BUSINESS OR INDUSTRY	11. BIRTH	PLA CE (State at lor	eign countryl	12.	CITIZEN OF WH
	Sewif					yland			U.S.A.
						IER'S MAIDEN NA			
	-	Staap	?	114 500141	1	eda Miller	•		
(Yes, no o	unknown)	Ever in U. S. Armed Far (II yes, give war or date	s of service)	16. SOCIAL SECURITY NO.	17. INFOR	MANT			ADDRESS
No. 118.	1	0 11		220-18-2836B	Phil:	ip A Rahne	feld Box	k 604 Ma	
18.	1 000	3 4		CAUSE OF DEAT	н		,		BETWEEN ON
	DISEASE	E OR CONDITION DI	RECTLY		~	) 0-	7 1	6	
(This		at mean the mode of asthenio, etc. It means	dying, e.g.	(A) IMMEDIATE CAL	A CONSEQU	JENCE OF:	Monk	200	
inju	or camp	olication which caused	deoth.)	,					
	Α	NTECEDENT CAUSES		on Pital	10. 7	i _ C.	V.		
DISE	ASES OF	R CONDITIONS, If	any, giving	DUE TO, OR AS	A CONSEC	UENCE OF:		***********	
UNE	ERLYING	obove cause (A) CONDITION last	slaling the	(c)					
_		- 11				/	7		
E TO I	IE DEATH	CANT CONDITIONS CO	E TERMINAL	1) 140	1.0	is mo	hede		
V DISE	SE OR CO	OPERATION 198 CON	T 3 /A1	WHICH OPERATION	20A. A	UTOPSY? (Yes or N	o) 20R. IF YES	WERE FINDIN	IGS CONSIDER
ERTIN (		WAS PERF	OKWED			Vo	IN CERTIFYII	NG CAUSES	IGS CONSIDER
	CCIDENT ONTRIBUT	WAS UNDERLYING	21E	PLACE OF INJURY (e.g., ine, lorm, factory, street, o	n or obout 2	1C. WHERE DID	(I) In	Boltimore City,	give exact locati
U 21A.	I (notify r	medical examiner	etc	)					
U 21A.									<u>.</u>
OR OR OF IN	JURY	(Manth) (Day) (Year)		INJURY OCCURRED		IF. HOW DID IN.	IURY OCCUR?		
OR OR ODEAT	JURY OX.)		Wi	ile At  Not Whil	° 🗆	2			
V 21A. OR O DEAT OF IP (APPI	JURY OX.) certify t	hat (1) (this hospitel	With Winder	ile At Not While At Wark	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	2	19)6 to (	04	5
V 21A. OR C DEAT OF IN (APPI	JURY OX) certify t	hat (1) (t <del>his hospitel</del> ost saw the deceose	wh wo ottended t d allve on_	ile At Not While At Wark he deceosed from	7060 2000	7 ond th	19)6 to (		leath occurred
V 21A. OR C DEAT 21D. OF IT (APPI	JURY OX) certify t 1) (we) 1 aur and	hat (1) (this hospitel ost saw the deceose fram the causes stat	wh wo ottended t d allve on_	ile At Not While At Wark	7060 2000	nd 7	19)6 to (	ur) oplalan d	
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U 21A. OF IP CAPPI	Certify t'  I) (wo) 1  aur and  IGNATUR  HYSSCIAN  AME (Typ	hat (1) (this hospitelest saw the deceose from the causes state from the causes state from J Hammy J H	ottended to dive on ed above. (  ase M.D.  24C. N	ile At At Waik he deceosed fram  () (Wa) (did) (did of) w  Attended to the control of the contro	lew the bounding D	med. Director  E Cold Sp	Shoff Dering Landocation	238. D 238. D 30 De Balti (City, town	More Mar
O 21A. OF IT	certify to control of the control of	hat (1) (this hospitelest saw the decease from the causes state to the decease state state to the decease state state to the decease state st	ottended to dalive on ed above. (  ase M.D.  24C.N.	ile At While At Wark he deceosed fram  I) (M) (aid) (did-et)  Attended to the deceosed fram	lew the bounding 23. ADDRI	med. Director  E Cold Sp	Shoff Dering Lare	238. D 238. D 30 De Balti (City, town	More Mar









1	-65	BALTIMORE CITY HEALTH DEPARTMENT 70 8248
	sed the chh	BIRTH NO. 70 8248 CERTIFICATE OF DEATH REG. NO
1	- e e v	1. NAME OF DECEASED (Type or Print)  2. DATE AND HOUR OF DEATH
3	of done	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (White deceased lived. It institution: residence before admission
3	S 6 (3)	Illustrate & contil
1	F 40 0 0	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  D. INSIDE CITY LIMITS?
2	in a g cau ause; ttend or to	441 Managine Hos BAltimore YES P NOT
7	P.E. 0 B.E.	
3	1200	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years III Under 1 Yr., II Under 24 Hrs
Do	occu intrib rrmir egul ased	MARRIED NEVER MARRIED 18. DATE OF BIRTH 19. AGE (In years last bishdoy) Months Doys Hours Min, Months Doys Hours Min,
d	100 to 0 L	10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY
Sol	or nde in de de de de de de de de de de de de de	Salagman
4	if de rect o (4) Un was the sposif	13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. A.
(		George S. Thornton Harriet L. Tilson
2	assistant if the di ny kind; ad death dance on	15. Wes Deceased Ever in U. S. Armed Faices? (Yes, no or unknown) (If yes, give war ar dates of service)  16. SOCIAL SECURITY NO.  17. INFORMANT  5932 Glennor Road
5	find A trip	No   213-03-4409   Jane W. Thornton Relto., Md. 21212
-	N . B U C	APPROXIMATE INTERVAL
00	or hison	LEADING TO DEATH
2		(A) IMMEDIATE CAUSE heart loilure, asthenia, etc. It means the disease,
13	ok: iner. ractu pro pro	injury ar camplication which caused death.
3	A fr	ANTECEDENT CAUSES  (B) Vivillent be an chapmennonia.
Famer	9 × 6 = 5	nise to the above cause (Al stoling the
(1)	nedical edical edical edical establishments; (3) vysician was in emains e	UNDERLYING CONDITION last. (c)
7	dic dic dic dic dic dic	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
3	T E dy La La La La La La La La La La La La La	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
	Sich bod a sich the	194-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED 20A-AUTOPSY? (Yes or No.) 20B IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
an	to the contract of the contrac	218. PLACE OF INJURY (e.g., in or obady 21C. WHERE DID home, form, factory, street, office bidgo, INJURY OCCURY
7	tal by tal by tal by tal by tal by tal by tal by tal by tal by tal befor	
3	g	21D. TIME (Month) (Doy) (Yeo) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
3	roved he hos ny natu xcept and (6) btaine	(APPROX.) 8-8-70 was While At Work At Work
15	ny exc an	22. I certify that (1) (this hospital) attended the deceased fram 8/9 19 70 to 8/14 19/2
1	of of of of of of of of of of of of of o	that (1) (was ast saw the deceased alive an Aug 14 19 70 and that in (my) (and applicate accurred an the date
	ust be a dent of ospital death) must be	and have and from the causes stated above. (1) ( (did) ( did) view the bady after death.
	S S S S S E	23A. SIGNATURE  23B. DATE SIGNED  Attending Med. Shift State Signed
	E CCI	Phys. Director Phys.
	tificate my was rel (1) An acc 3.A. at a l d prior to	23C. PHYSICIAN'S NAME (Type)  23D. ADDRESS
	d p	24A. BURIAL CREMATION, 24B. DATE 24G. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stole)
	body ws: () D.O	7.13
	S a O S O :-	Burial 8-18-70 Moreland Memorial Park Baltimore County, Maryland  25A. DATE REC'D BY HEALTH DEET 125B. NAME OF REGISTRAY 2. PARTYLAND 125C. FUNERAL DIRECTOR 8521, Loch Baven Blvd.  William F. Albert B. William F. William F. Albert B. William F.
		William E. Johnson Balton Md. 21204
		VS 150-REV, 1/1/68

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David Powner

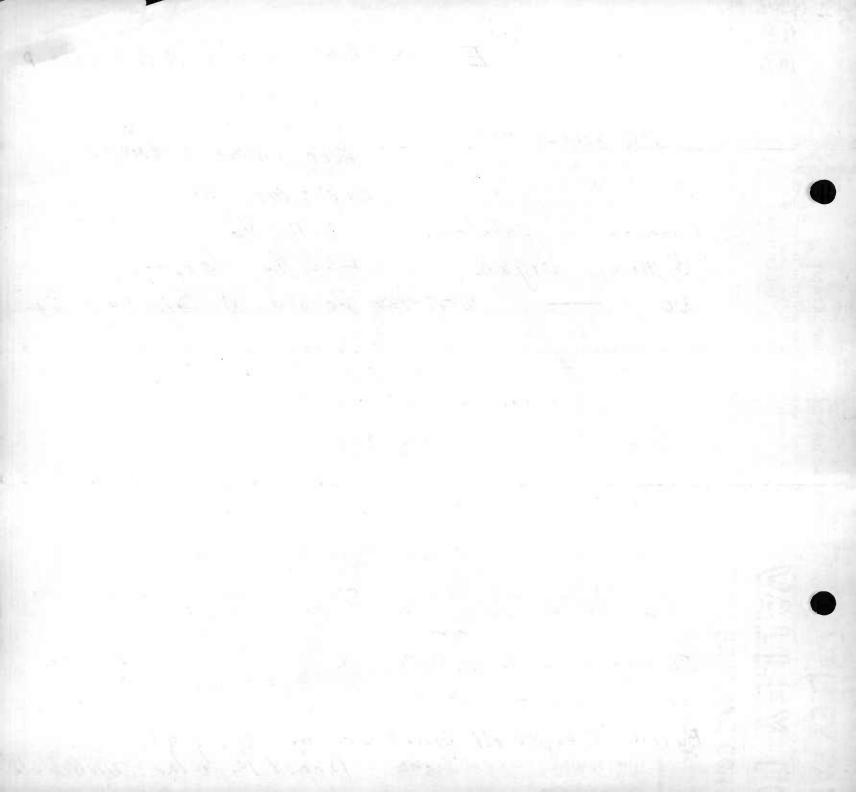
Union Memorial Hospital

BIRT	H NO.	7	0 82	249 CERTIFICA	TE OF DEATH	REG. NO	70	8249
	ME OF DECEAS	CATHERI	NE WINI	ECKI		st 16, 1970		
FUL	L NAME OF	ORE, MARYLAND, W		UNCED DEAD	A. STATE & COUN Maryland	re deceased lived. Il in		nce before admission
INST	PITAL OR ITUTION	11 North E			c. CITY OR TOWN Baltimore E. STREET AND NUMBER		YES T	? No 🗌
5. SE	x 6.1	White	7- MARRIED		ll North Eas 8. DATE OF BIRTH 10-29-87	9. AGE (In years lost birthdoy)	It Under 1 Yo Months Days	r. If Under 24 Hrs.
10A.	JSUAL OCCUPA	TION (Give kind of work ing life, even if retired)			11. BIRTHPLACE (Stote or fore Maryland	82 ign countryl		DE WHAT COUNTRY
	ATHER'S NAME	Joseph Kop			14. MOTHER'S MAIDEN NA	Ida ?		
(Yes,	os Deceased Eye no or unknown! (If NO	r In U. S. Armed Fore yes, give wor or dole:	s of servicel	16. SOCIAL SECURITY NO. 214-03-2448 CAUSE OF DEATH	17. INFORMANT Daugh Mrs. Margaret S	ahah 140	orth East	
	This does not a secret loilure, ost a not a secret loilure, ost a nijury or complic ANT	OR CONDITION DIR ADING TO DEATH meon the made at tenia, etc. 11 meons olion which coused ECEDENT CAUSES CONDITIONS, it of bove couse (A) ONDITION lost.	dying, e.g., the discose, deoth.)	DOL 10, OR AS A	A CONSEQUENCE OF:	Tic C. V. D		EN ONSET AND DEATH
ATI	O THE DEATH BUILDERS	NT CONDITIONS CON JT NOT RELATED TO TH UITION GIVEN IN PART ERATION 198 CONE WAS PERF	E TERMINAL	WHICH OPERATION	20A. AUTOPSY7 (Yes or No	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CON USES OF DEATH	SIDERED
CAL	EATH (notify med		21B. hom etc.)	PLACE OF INJURY (e.g., in e, form, foctory, street, off	or obout 21C. WHERE DID ce bldg., INJURY OCCUR?	(If to Boltimor	e City, give exoc	t locotion)
W	PPROX.)	onthl (Day) (Year)	Whi		21F. HOW DID INJ	JRY OCCUR?	1	E. 2
22. I certify that (i) (this hospital) attended the deceased from								curred an the date
2	ASIGNATURE Dem an	win Kligh	oten	DEGREE Phys.	ding Med. Director	Staff Phys.	23B, DATE SIG	MED D
24A.	BURIAL CREMAT	Benjamin F		in M.D.	121 South Highl:		lto. Md.	
Bu	removal (Speci crial	8-20-70	S	t. Stanislaus		Baltimore,	Maryland	•
VS 16	0-REV. 1/1/68	19 1970	لاحداد ت		John J. Duda 2	829 Hudson		



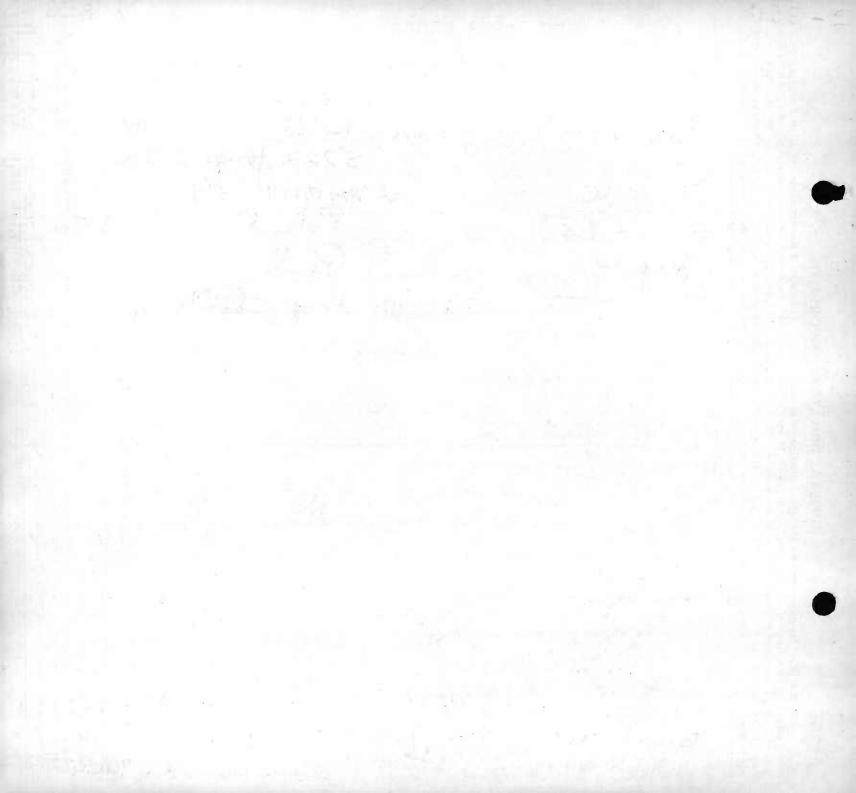


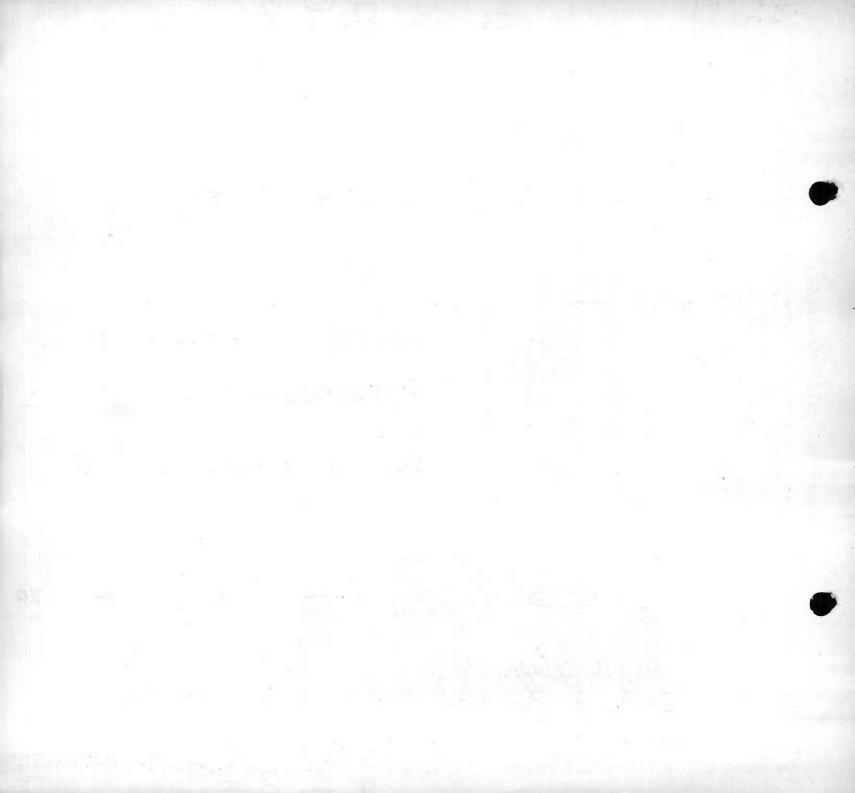
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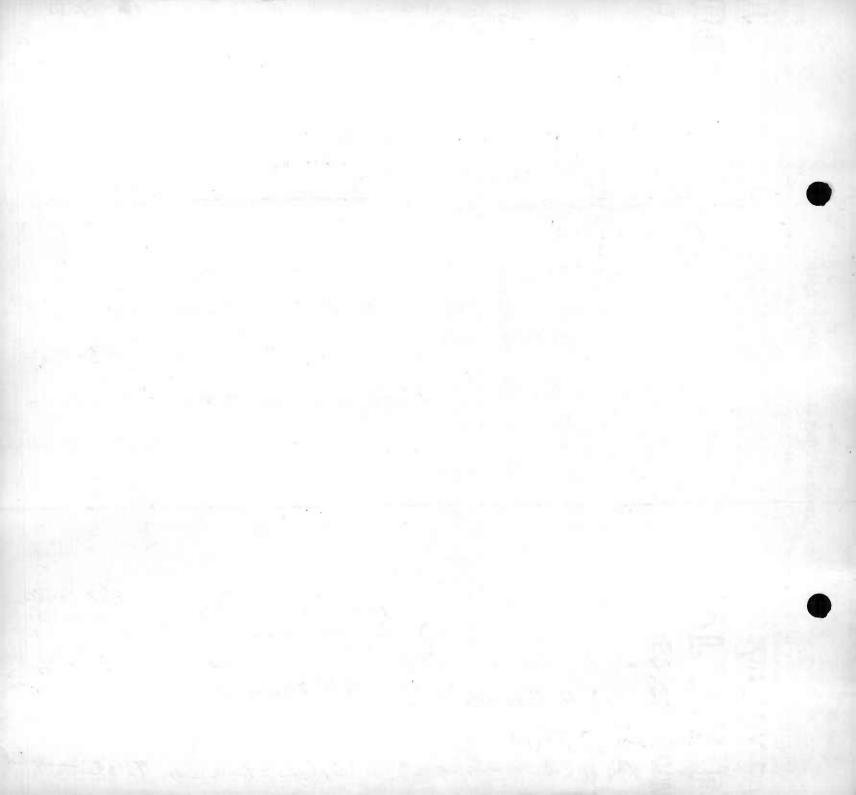
BALTIMORE CITY HEALTH DEPARTMENT





VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT



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VS 151-REV. 3/1/68

Neunam Funeral Home, Easton, Md.

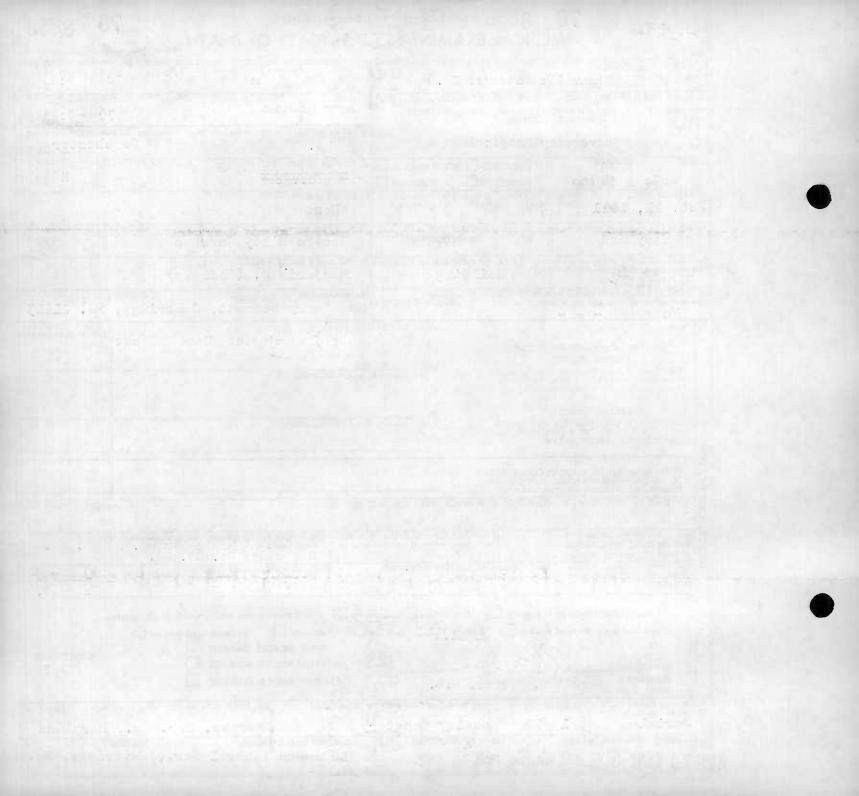
Charles male of the AT BOOK I BOOK TO Agrees G. Healey amajana o buran 27 - 10- 157 John H. Benery See, Jaston, set, 2/19/1970 Sastray Pall 

former forces and here to the

LeCompte Funeral Ser., Cambridge, Md.

VS 151-REV. 1/1/68

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T 10	/		BALTIMORE CITY	HEALTH DEPARTMENT		70 0050	
# -62	./.0	8259	CERTIFICA	TE OF DEATH	REG. NO	20 8259	,
1. NAME OF DE		wen Joh	n Fraser	2. DATE A	ND HOUR OF DEATH August 15,	1970,	
3. PLACE IN BA	ALTIMORE MARYLAND, V	WHERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (Who	ere deceased lived, If in	stitution: residence before adm	nission)
FULL NAME OF	OR ADDRESS OR LOCATION			Maryland	d 		
INSTITUTION				C. CITY OR TOWN	D. INSI	IDE CITY LIMITS?	
K-11				Baltimore E. STREET AND NUMBER		YES X NO	
00	4018 Barrin	gton Rd	•	4018 Barring	ton Rd.	1510	
SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	Months Doys Hours	24. His.
Male	White	WIDOWED		8-26-1889	lost birthday	INTOINIS DOYS HOUIS	Min.
OA. USUAL OCC	CUPATION (Give kind of work f working life, even il retired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE IStale or for	eign country)	12. CITIZEN OF WHAT CO	UNTRY
Superint	endent - Balt	.Trans	it	Scotland		U.S.A.	
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN NA	ME		
	exander Fras			Mary Bis	sett		
5. Was Decease Yes, no or unknow	d Ever in U. S. Armed For n) (If yes, give wor or dote	rces?	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
-	,		213-10-3074	Elizabeth Fra	aser -4018 H	Barrington Rd.	
18. Life of	9.91		CAUSE OF DEAT	H		APPROXIMATE INTE	
DISEA	SE OR CONDITION DI	RECTLY		0 11.3 0000		BETWEEN ONSET AND	DEATH
(This door	LEADING TO DEATH	Auto and	(A) IMMEDIATE CAU	SECORDIN DREAM	Agenattive	3 krs.	
heart failure,	nat meon the made of , osthenio, etc. It means	the disease.	DUE TO, OR AS	A CONSEQUENCE OF:	0	Accessed to the Sand Sand Sand Sand	
injury at co	mplication which caused	death.)					
	ANTECEDENT CAUSES						
DISEASES	OR CONDITIONS, II	ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:		***************************************	
UNDERLYIN	e above cause (A) G CONDITION jost.	slaling the	(c)				
	11						
OTHER SIGNI	FICANT CONDITIONS CO	NTRIBUTING					
TO THE DEA	TH BUT NOT RELATED TO THE CONDITION GIVEN IN PAR	HE TERMINAL	****************			***********	
OTHER SIGNI TO THE DEA DISEASE OR O	F OPERATION 19B. CON WAS PER	DITION FOR W	HICH OPERATION	20A-AUTOPSY? (Yes or No	208. IF YES, WERE F	INDINGS CONSIDERED	
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF	21B. J home etc.)	LACE OF INJURY leage, in form, foctory, street, of	n or obout 21 C. WHERE DID	(If In Boltimore	e City, give exact location)	
21 D. TIME OF INJURY	IMonth) IDoy) IYeor)	IHour 21E, f	NJURY OCCURRED	21F. HOW OID INJ	URY OCCUR?		
(APPROX.)		While	At Work				
22. 1 carsts	that (1) (this hospital				10 1/5 /2	116 15 10 2	
	lost saw the decease		aug 15		19 45 to a		-
1	· · · · · · · · · · · · · · · · · · ·		4500	ond th	ot in (my) (our) opin	lon death occurred on the	e dote
ond hour an	d from the couses stat	ed obove. (I)	(We) (did not) vi	lew the body after death.			
About a signed						23B, OATE SIGNED	
Har	ord A Be	www	Phys	. Director	Staff Phys.	8-15-19-	10
23C. PHYSICIA NAME I	AN'S Typel			3D. ADDRESS	1	0.01	
			DEGREE	8106 HAME	us ad.	Raltmoro M2	123
AA. BURIAL CRE REMOVAL (	MATION, 248, DATE Specify)	24C. NA	AE of CEMETERY OF CRE	MATORY 240 L	OCATION (City	y, town, or county) (St	ote)
Burial	8-18-70		odlawn Ceme	etery Hal	timore, Ma	ryland	
AUG 20	1970 Tabes &	258 NAME OF		Armacost Fur		ADDRESS 1-4600LibertyH	Ight
S 150-REV. 1/1/			<b>V</b> <sub>3</sub>	1-2			



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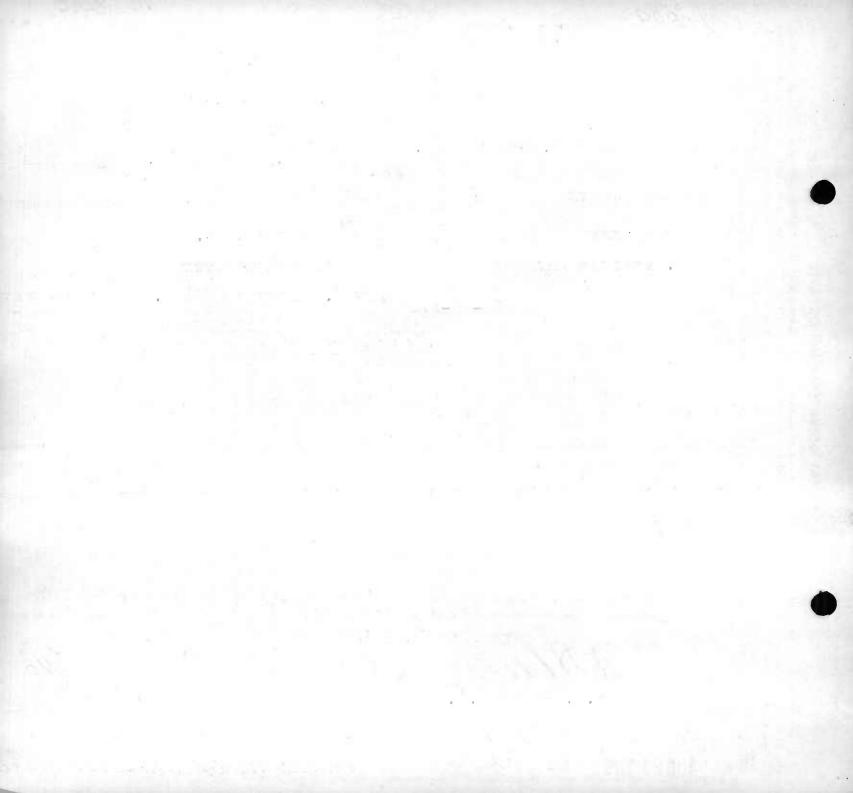
C-416 70 826	A	THEALTH DEPARTMENT REG. NO.	.70 8261		
BIRTH NO.	CLKIIIICA				
(Type or Print) CHARIES	CLIFFORD	2. DATE AND HOUR OF DEA	ATH 2:4= D		
3. PLACE IN BALTIMORE, MARYLAND, WHERE P		A. STATE B. COUNTY	Il institutions residence befare admission		
FULL NAME OF HOSPITAL OR ADDRESS OR LOCATIONS	INSTITUTION, GIVE STREET	C. CITY OR TOWN D. I	INSIDE CITY LIMITS?		
MORTH CHARU	=5 GEH, HOS		YES NO		
49		E. STREET AND NUMBER 3209 NORTH CH	ARCES ST. 120		
MACE WIDO	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years lost birthdoy)	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.		
10A, USUAL OCCUPATION (Give kind of work 10B, KI dane during most of working life, even if retired)	NO OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or largin country)	12. CITIZEN OF WHAT COUNTRY		
SALESMAN		Baltimoore, Marylan	d U.S.A.		
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	d 0.5.A.		
CHARLES CLIF	FORN	125512 Bo	PALECI		
5. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17- INFORMANT	ADDRESS		
Yes, no or unknown) (If yes, give wor or dotes of se	vice) SECURITY NO.	Cl I . Cliff			
18.	CAUSE OF DEAT	Charles Clifford, Sr4	814 Gwynn Oak Ave.		
DISEASE OF CONDITION DIRECTLY	CAGGE OF DEATH		SETWEEN ONSET AND DEATH		
LEADING TO DEATH	(A)IMMEDIATE CAU	LI ELINA	Basis		
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis	0.0.	A CONSEQUENCE OF:			
injury or complication which coused death.)	eose,				
ANTECEDENT CAUSES	(7, T	. Bleeding	day 5		
DISEASES OR CONDITIONS, if any,	iving DUE TO, OR AS	A CONSEQUENCE OF:			
rise to the above cause (A) sloting UNDERLYING CONDITION last.	(c) Serie	e Siver cinly	n's years		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  DISEASE OR CONDITION GIVEN IN PART 1 (A).  PA-DATE OF OPERATION 1798. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yos or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING DEATH Inotify medical examined  21B. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID INJURY OCCUR?)  21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED  21F. HOW DID INJURY OCCUR?					
					21D-TIME (Month) (Day) (Year) (Hour)
IAPPROX)	While At Work				
THE PARTY OF THE P					
22. I certify that (I) (this haspital) attended the deceased from					
that (I) (we) last saw the deceased alive an					
ond haur and from the causes stated above. (1) (We) (did) (did not) view the body after death.					
Attending   Med.   Stoff   8/14/70					
23C. PHYSICIANS NAME (Type)  GRACITO V. PATRICIO OEGREE  23D. ADDRESS  HOSP MOD,  WORTH CHARLES TO BOOK MICH.					
24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (State)					
Duris 1					
Battinore, Marviand					
AUG 20 1970 Page 8 3	Ben Ac B	25C. FUNE OOD EFFET TY Height	s Avenue Doress		
S 150-REV. 1/1/68	3)				

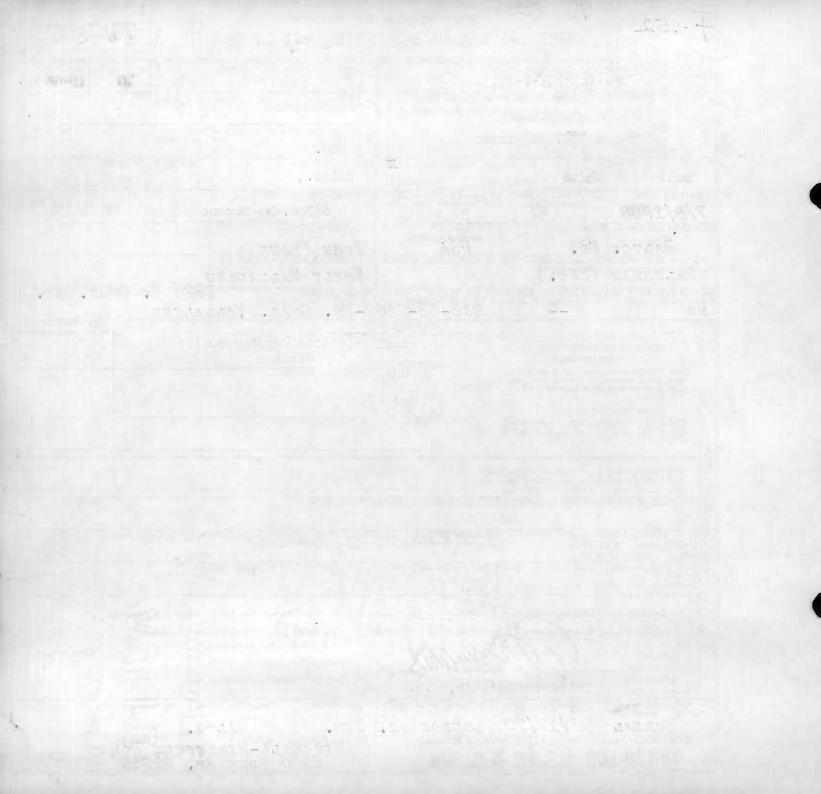
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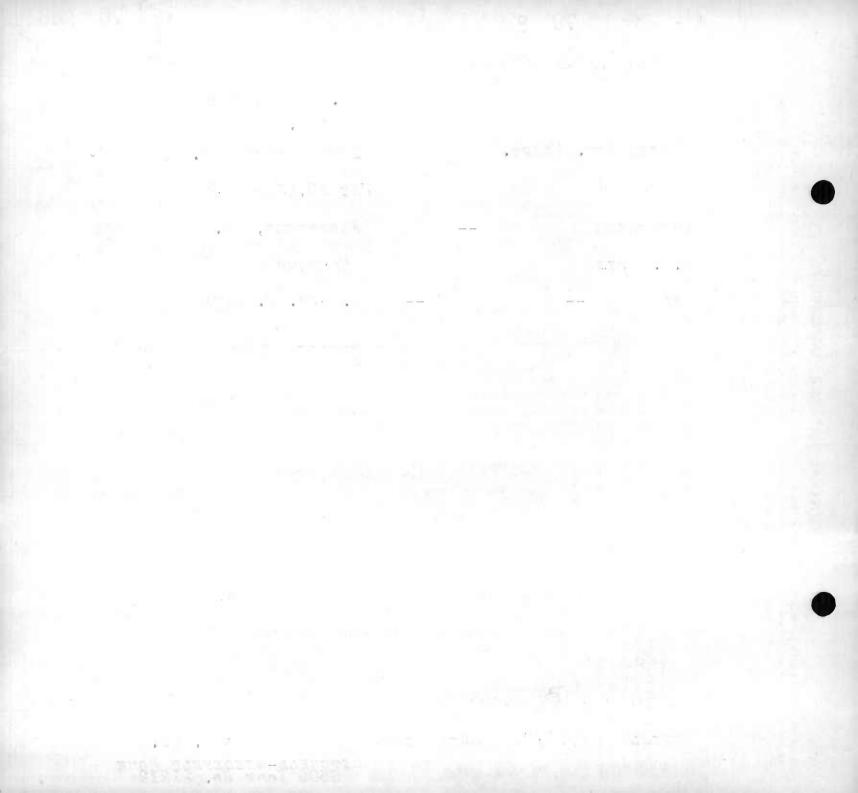
FUNERAL DIRECTOR:

VS 150-REV. 1/1/68





1.) DE/	BALTIMORE CIT	Y HEALTH DEPARTMENT		ma -000		
W-256 70 82	64 CERTIFICA	ATE OF DEATH	REG. NO	10 826		
NAME OF DECEASED		2. DATE AND	HOUR OF DEATH			
Type or Print)	00001			140.1 10 A		
3. PLACE IN BALTIMORE MARYLAND, WHERE P	PROMOUNCED DEAD			nstitution: residence before odmi		
The state of the s	AND ONCED BEAD	A. STATE B. COUNTY	, , , , , , , , , , , , , , , , , , , ,	ngmanam panagna balan balan		
FULL NAME OF (IF NOT IN HOSPITAL OR	INSTITUTION, GIVE STREET	MD. BALT.	IMORE			
HOSPITAL OR ADDRESS OR LOCATION		C. CITY OR TOWN		SIDE CITY LIMITS?		
		BALTO.		YES NO		
77 M 77		E. STREET AND NUMBER		D 400 4 400		
UNION MEM. HOSPT	•	1002 Woodso	N RD.	2160 X		
SEX 6. RACE 7. AAA			AGE (In years	If Under 1 Yr. If Under 2		
to V.	RRIED NEVER MARRIED		st birthday	Manths Doys Hours A		
	OWED DIVORCED	MAY 10,1909	00			
A. USUAL OCCUPATION (Give kind of work 10B, KI	ND OF BUSINESS OR INDUSTR	1). BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COL		
ne during most of working life, even if refired) HOMEMAKER		Fragantina	Mo	TICA		
		FROSTBURG, MD. USA				
FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
W.J.DAVIS		UNKNOWN				
Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS		
es, na ar unknown) (If yes, give war ar dotes af se	security NO.					
NO ···	PR 140	MR. GEO. P.	WAGNER			
18. 4. 10. 10 1	CAUSE OF DEA	TH -		APPROXIMATE INTER		
DISEASE OF CONDITION DIRECTLY		1		BETWEEN ONSET AND		
LEADING TO DEATH		11 - 0	. 0	0 1 00		
	(A) IMMEDIATE CA	USE A CULLE MUSOR A CONSEQUENCE OF:	ended o	mulion Imm		
(This does not mean the mode of dying, heart failure, asthenio, etc. It means the di	seose. DUE TO, OR AS	A CONSEQUENCE OF:		U		
injury or complication which caused death.						
ANTECEDENT CAUSES						
	(B)	S A CONSEQUENCE OF:				
DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) stoting	9	S A CONSEQUENCE OF:				
UNDERLYING CONDITION lost.	(C)					
11	( )					
OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING 0 4	2				
TO THE DEATH BUT NOT RELATED TO THE TERM		wolansein		years		
[ DISEASE OR CONDITION GIVEN IN PART 1 (A).	FOR WHICH OREST TION	120 A AUTOROVO (Van an Navi	OAD AF YES THERE	THE PARTY OF THE P		
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED		20 A. AUTOPSY? (Yes or No)	IN CERTIFYING CA	FINDINGS CONSIDERED		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g.,	in ar about 21 C. WHERE DID office bldg., INJURY OCCUR?	(If In Boltima	re City, give exact location)		
DEATH (notify medical examine)	etc.)	Jines bidga into ki occok!				
	V 015					
OF INJURY (Month) (Doy) (Year) (House		21F. HOW DID INJUR	Y OCCUR?			
(APPROX.)	While At Work At Work					
			12 1	. An 11		
22. I certify that (1) (this hospital) atter				UG 14 197		
that (1) (we) lost sow the deceased aliv	e on AUG 4	19 40 and that	in (my) (of) on	Inlan deoth occurred an the		
ond hour and from the causes stated abo	,					
	ove. (I) (see) (did) (did not)	view the body ofter death.				
23A. SIGNATURE	4			23 B. DATE SIGNED		
(moo) el	V ) Dh	ending Med. St ys. Director Ph	aff	Aug 14/10		
23C. PHYSICIAN'S	OE GREE Ph	23D. ADDRESS	ıys. 🖵	77/10		
NAME (Type)		/ /	ALYE	DT & BALTO		
EDNINS BERG	TOCK.	3500 N C	HUYE	~ 1 DT 8121		
A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF C		ATION	ity, town, or county) (St		
REMOVAL (Specify)	C. C	240. 200	ALION (C	, .own, or country (3)		
BURIAL 8/17/70	70 70	D				
	LIBITED HEDRE		4 T TO 1 ' 2			
	DRUID RIDGE	25C. FUNERAL DIRECTOR	ALEO. Co	ADDRESS		
ALLO DO SOSTO O O O O O	DRUID KIDGE	25C. FUNERAL DIRECTOR		77		
AUG 20 970 Paber E 3	DRUID HIDGE  AME OF REGISTRAR	25C. FUNERAL DIRECTOR MITCHELL -WILL 6500 YORK	DEFELD	HOME ADDRESS		



BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE Known Month Doy Year Hour (Type or Print) OF 2:25 70 Jean Duprec 8 16 Estimoted X DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Hour Month Doy Yeor PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF 8 16 70 2:25 p. M HOSPITAL OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived, if Institution; residence before admission) A. STATE B. COUNTY Lutheran Hospital Md 6. SEX 7. RACE C. CITY OR TOWN D. INSIDE CITY LIMITS? 8. MARRIED NEVER MARRIED Balto. female. Negro WIDOWED | DIVORCED . YES X NO 9. DATE OF BIRTH 10. AGE (in years last birthday) If Under 1 Yr, If Under 24 Hrs. E, STREET AND NUMBER Months; Doys; Hours; Min. 1428 Madison Avenue 11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF 13. FATHER'S NAME WHAI COUNTRY? Lm Krowni A 14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done dyring most of working life, even if retired) MKNOWN 16. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (II yes, give war or dates of service) 18. INFORMANT ADDRESS SECURITY NO. NONE APPROXIMATE INTERVAL CAUSE OF DEATH SETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Arteriosclerotic cardiovascular disease LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., heart lailure, asthenia, etc. it means the disease, injury ar complication which coused death.) DUE TO, OR AS A CONSEQUENCE OF: ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)\_ OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL CERTIFI DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) 22A. EXTERNAL CAUSE WAS 22B.PLACE OF INJURY (e.g., in or obaut) 22C. WHERE DID (If in Baltimare City, give exact location) home, farm, factory, street, office bidg., etc.) INJURY OCCUR? UNDERLYING TOR CONTRIB-UTING CAUSE OF DEATH. ≥ 22D. TIME (Month) (Doy) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? (Year) (Hour) OF INJURY WHILE AT NOT WHILE (APPROX.) 23. Autopsy XXX and that on this basis, death in my opinion I certify that I held an Inquiry Inspection resulted from: Natural causes [2] Sulcide Homicide \_\_ Accident Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE 8/17/70 **EXAMINER'S** ASSOCIATE MEDICAL EXAMINER Peter Lipkovic, M.D. NAME (Type) 24C. NAME of CEMETERY or CREMATORY 24A. BURIAL CREMATION. 24B. DATE 24D. LOCATION (City, town, or county) (Stote)

ACTUAL
SIGNATURE
EXAMINER'S
NAME (Type)

24A. BURIAL CREMATION,
REMOVAL (Specify)

25A. DATE REC'D BY HEALTH DEPT.

25B. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR

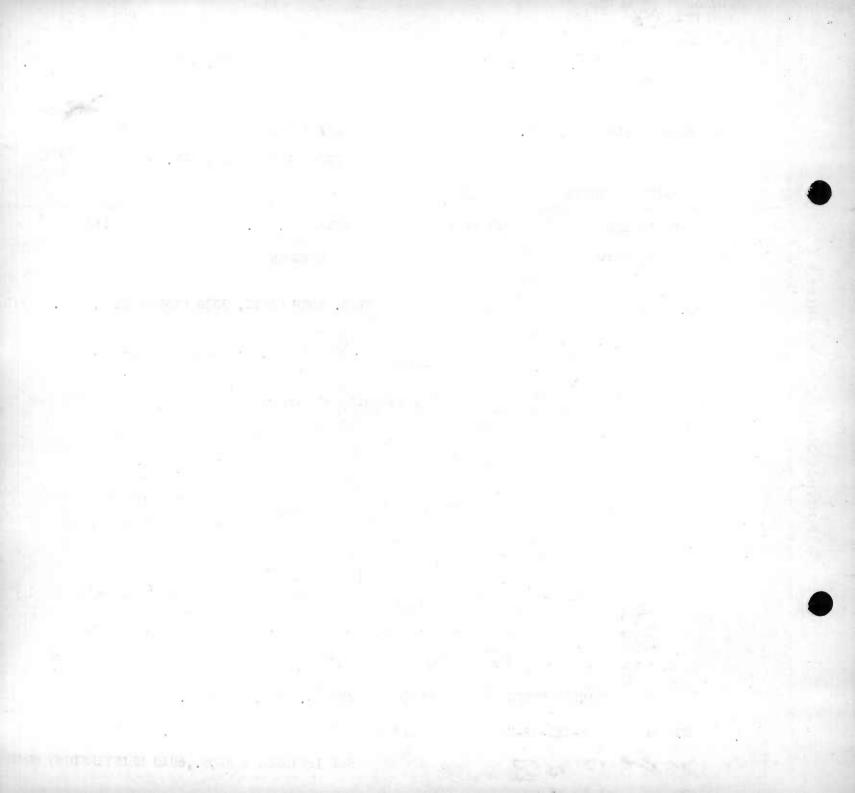
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G-43270 8266 BALTIMORE CITY HEA	
BIRTH NO.	ERTIFICATE OF DEATH REG. NO. 70 8266
	2. DATE Known Month Day Year Hour
(Type or Print) ROSAKKE GOLDSTEIN	OF 500 LT
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimated M.  3. DATE Month Day Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD August 15,1970 7:00 P.
2001 3/ 11	5. USUAL RESIDENCE (Where deceased lived, if Institution: residence before admission) A. STATE Maryland B. COUNTY
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Female   White   WIDOWED XX DIVORCED	Baltimore YES NO
O DAYE OF BIDYU	E. STREET AND NUMBER
4-15-1918	2601 Madison Avenue
	13. FATHER'S NAME
DATESTACRE MARKET WHAT COUNTRY?	
BALTIMUKE, MARY LAND USA  14A-USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	PAUL LEVIN
done during most of working life, even it refired)	
HOUSEWIFE AT HOME	REBECCA KLITZNER
(Yes, no or unknown) (If yes, give war or dates of service)  17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS SERVI
NO 216-07-7198	MR ROTHSCHILD, c/o JEWISH FAMILY & CHILDRENS
19. 11 10 Eq. 7 CAUSE OF DEAT	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY Arterio	Osclerotic cardiovascular disease
I FADING TO DEATH	
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. it means the disease,	A CONSEQUENCE OF:
Injury or camplication which coused deoth.)	
ANTECEDENT CAUSES (B)	S A CONSEQUENCE OF:
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	S A CONSEQUENCE OF:
UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS	es mellitus
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS	PERFORMED 21. AUTOPSY? (Yes or No.)
0	
₹ 22A. EXTERNAL CAUSE WAS   228, PLACE OF INTURY (A.C. III	no
UNDERLYING OR CONTRIB. home, form, loctory, street, office UTING CAUSE OF DEATH.	n or about 22C. WHERE DID (If in Baltimore City, give exact location) bidg., etc.) INJURY OCCUR?
OF INJURY (Month) (Doy) (Yeor) (Hour) 22E, INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
(APPROX.) M. WHILE AT NOT W	MILE
23.	
I certify that I held on Inquiry I Inspection X Auto	psy and that on this basis, death in my opinion
resulted from: Natural causes Accident Sylcide	
A L	CHIEF MEDICAL EXAMINER
ACTUAL / O / ///	DATE SIGNED
SIGNATURE M.D.	ASSISTANT MEDICAL EXAMINER
NAME (Type) Ronald N. Kornb lum, M.D.	ASSOCIATE MEDICAL EXAMINER   8/16/70
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF	
BURIAL 8-18-70 KOVNA	ROSEDALE, MARYLAND (Stole)
25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR	2SC. FUNERAL DIRECTOR ADDRESS
AUG 20 1970 Robert E. Farker K.D.	SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD
VS 151-REV. 1/1/68	

BALTENGES, DESIGNATION 图 相似的是是"自己"。在100°,是2011年,100%是11年,100%

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1	7-5/0	70 8	267	CERTIFICA	TE OF DEATH	REG. NO	1/0	8267
Town or other teaching and the second	TH NO.							
	Do or Prof	EBAUM.	Da	1,01	2. DATE	AND HOUR OF DEATH		71.72
3.	PLACE IN BALTIMORE,		PROMOTING	TO DEAD	IIA HISHAL BESIDENCE IV	8-17-70		3:32 Q. M. esidence before admission)
		MINATERILE, WITEKE	PRONOUNC	ED DEAD	A. STATE B. CO	UKIX	n slilvlian: r	esidence before admission)
FU	LL NAME OF (IF	NOT IN HOSPITAL OF	OTUTTON	N, GIVE STREET	MARYLA.	NO.		5200
Į į'n	STITUTION ADI	PRESS OR LOCATION			C. CITY OR TOWN	D. INS	IDE CITY L	IMITS?
1	BODSEC	11			BALTIM	ORE	YES 🗌	по П
	1000 DEC	OURS H	osp.		E. STREET AND NUMBER		10	
					251400	MMERSON	) R	0. 2/209
5. :	SEX 6. RACE	7- M/	ARRIED 4K	EVER MARRIED	8. DATE OF SIRTH	9. AGE (In years	II Unde	T 1 Yr. If Under 24 Hrs. Days Haurs Min.
	MALE	1 / /*******	OWED	DIVORCED	11-06-09	last birthday	Months	Days Hours Min.
104	USUAL OCCUPATION	Give kind at wark 108, K	IND OF BUS	INESS OR INDUSTRY	11. BIRTHPLACE (State at I	oreign country)	112. CITI	ZEN OF WHAT COUNTRY?
deu	e during most of working life	, even if refired)		E STORE	BALTIMORE	•		
_		MANERUFRILIT	OK SIIC	L STORL		LAND	6	15 A
13.	FATHER'S NAME				14. MOTHER'S MAIDEN N	IAME		
6	UILLIAM	LANNER	BAUM	)	FANNIE	?		
15. IY-	Was Deceased Ever in Us, na or unknown)[(If yes, g	S. Armed Forces?		SOCIAL	17. INFORMANT			ADDRESS
		pre wor or adies of S		17-18-0110	MDG HANDIAN T	Albiroain.	14 010	
-	NO	4	DX.		MRS. HANNAN T	ANNEBAUM, 125	14 SU	
	150	(1		CAUSE OF DEATH	at whatat	· Carcinam	K	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		ONDITION DIRECTLY	Y	& Prost	at with lin	in & force	- 1	
	(This does not mean		8.0	(ASIMMEDIATE CAU	SE modren	rent		
	heori failure, asihenia,	elc. Il means the d	iseose.	DUE TO, OR AS A	CONSEQUENCE OF:		- 1	
	injury or camplication		,J				- 1	
		ENT CAUSES		(8)				
	DISEASES OR CONT	DITIONS, if any,	giving	DUE TO, OR AS	A CONSEQUENCE OF:			## <del>#                                   </del>
	rise to the obave UNDERLYING CONDI	TION last	g me	(c)				
		11		(0/				
N	OTHER SIGNIFICANT CO	NDITIONS CONTRIBL	ITING	Pherm	ation Heart &	Piscest.		
ATION	TO THE DEATH BUT NO DISEASE OR CONDITION	TRELATED TO THE TERM	MINAL	mitra	I Ensugie	isoray		
	19A. DATE OF OPERATION	ON 198 CONDITION	FOR WHIC	H OPERATION	20A. AUTOPSY? (Yes or	No 208 TE YES WERE	FINDINGS	CONSIDERED
CERTIFIC	O more	WAS PERFORME	D		no	No. 208 IF YES WERE IN CERTIFYING CA	USES OF E	DEATH?
Ö	21A ACCIDENT WAS L	INDERLYING -	218, PLAC	E OF INJURY (e.g., In	or about 21C. WHERE DID	ilf In Baltimor	e City, give	exact location)
CAL	OR CONTRIBUTING CO	AUSE OF	home, for	m, foctory, street, olf	ice bldg., INJURY OCCUR?	<i>p.</i>		
				INV 0.0011222	0.0			
ME	OF INJURY	(Day) (Year) IHou	While At	RY OCCURRED	21F. HOW DID I	NJURY OCCUR?		
	(APPROX.)		While At	Not While				
	22. I certify that (4)	this hospital) atte	nded the de	ceased from	ing . 10	19 72 to an	y.	17 10 70
	that (I) (we) last saw	the deceased ally	e on G	mg, 16	19.70 and	that In (my) (aum) and	nlan dans	h accurred an the date
					ew the bady after death	in () (mar) abit	uedī	" accouled ou the date
	23A. SIGNATURE	-2000 910100 00	- 100 (1) <del>(100</del>	7 (ala) ( <del>ala 1107)</del> VI	ew the bady after death	le .	1008 545	E SIGNED
	Mad		Mn	Atten	ding Med.	Stoff (CZ)		SIGNED
	23C. PHYSICIAN'S	mio	M.D.		ding Med. Director	Staff Phys.	Y	1-17-70
	NAME (Type)				3D. ADDRESS			
	Lili	a Lofra	nco.	M.D. DEGREE	Bin Secour	5 lbsp, 2	025	W. FayeHe Si
24A	BURIAL CREMATION, REMOVAL (Specify)	248. DATE/	24C. NAME	of CEMETERY of CRE	MATORY 24D.	LOCATION (Cit	ly, town, or	county) (State)
	BURIAL	8-18 <b>X=</b> 70	MTKRO I	KODESH-BETH	The second second second	LTIMORE, MARY		
25A	DATE REC'D BY HEAL	H DEPT. 25B. N	AME OF REC	GISTRAR				ADDRESS
	AUG 20 1970	) Paber E.			SOL LEVINSON	& BROS.,6010	REIS	TERSTOWN ROAD
Ve	150-DEV 1/1/40			Des.	5.4			

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IMPORTAN

**DIRECTOR:** 

FUNERAL

VS 150-REV. 1/1/68

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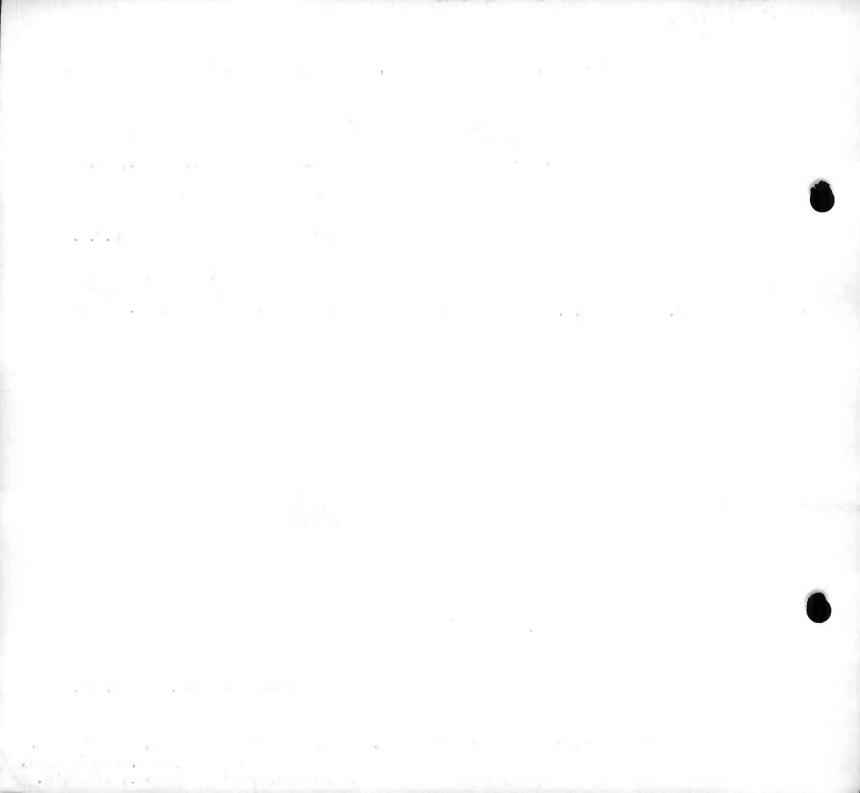
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W-656 BALTIMORE CI	TY HEALTH DEPARTMENT				
BIRTH NO. 20 8270 CERTIFIC	ATE OF DEATH REG. NO. 70 8270				
1. NAME OF DECEASED (Type or Print) HENRY W. WARNER	2. DATE AND HOUR OF DEATH				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution residence before admission) A. STATE B. COUNTY				
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Baltimore				
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?				
7	Maryland #21223 YES € NO □				
University of Md.Hospital	324 South Parrish Street 1907				
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Ye if Under 24 Hrs.				
Male White WIDOWED DIVORCED	1/8/22 lost bighted Months Doys Hours Min.				
IOA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTIGATION done during most of working life, even if retired)	Y 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY				
- Manager Service Statio	n Maryland U.S.A.				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
Charles H, Warner	Nina Zentz				
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war at dates of service)  16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS				
- No - 216-14-760	Hospital Chart				
18. 4 0 2 2 CAUSE OF DEA	TH APPROXIMATE INTERVAL				
DISEASE OF CONDITION DIRECTLY	BETWEEN ONSET AND DEATH				
LEADING TO DEATH  IThis does not meen the made of dying, e.g.,  (A) IMMEDIATE CA					
heart faiture, asthenia, etc. It means the disease.	S A CONSEQUENCE OF:				
Injury or camplication which caused death.]  ANTECEDENT CAUSES	2. 10. 2. 4 - 2. 6. 1. 6				
DISEASES OR CONDITIONS, il any, giving  DUE TO, OR AS A CONSEQUÊNCE OF:  DUE TO, OR AS A CONSEQUÊNCE OF:					
rise to the above cause (A) stating the	2 A CONSEQUENCE OF				
UNDERLYING CONDITION last. (C)					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
TO THE DEATH BUT NOT RELATED TO THE TERMINAL					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  20A. AUTOPSY? (Yes or No.) NO 12B. PLACE OF INTURY (or in or chart) 20 WHERE DID 121A. ACCIDENT WAS UNDERLYING 1					
WAS PERFORMED NO IN CERTIFYING CAUSES OF DEATH?					
OR CONTRIBUTING TI CAUSE OF					
DEATH (notify modicol exomined) olc.)					
(APPROX.) White At Work At Work					
22. I certify that (1) (shis hospital) attended the deceosed from \$/17 19 70 to \$/17 19 20					
that (1) (we) last saw the deceosed alive an 5/7 19 70 and that in (my) (ew) apinian death accurred on the date					
and have and from the causes stated above. (1) (We) (did not) view the bady ofter death.					
23A. SIGNATURE 23B. DATE SIGNED					
Attending Med. Staff Director Phys. Staff No. 3/17					
23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS					
M.Golberg M.D. University of Maryland Hospital					
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City. town, or county) (Stote)					
Burial 08/20/70 Meadowridge Mem. Park Howard County, Maryland					
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS					
AUG 20 170 Robert Jake Malters Funeral Home Pratt&Stricker					

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IMPORTANT

DIRECTOR:

FUNERAL



Holy Redeemer

258. NAME OF REGISTRAR

Cem.

25C. FUNERAL DIRECTOR

24D. LOCATION

3331 Brehms Lane

Baltimore.

Schimunek Funeral Home, Inc.

(City, town, or county)

**ADDRESS** 

(State)

AUG 20

REMOVAL (Specify) Burial

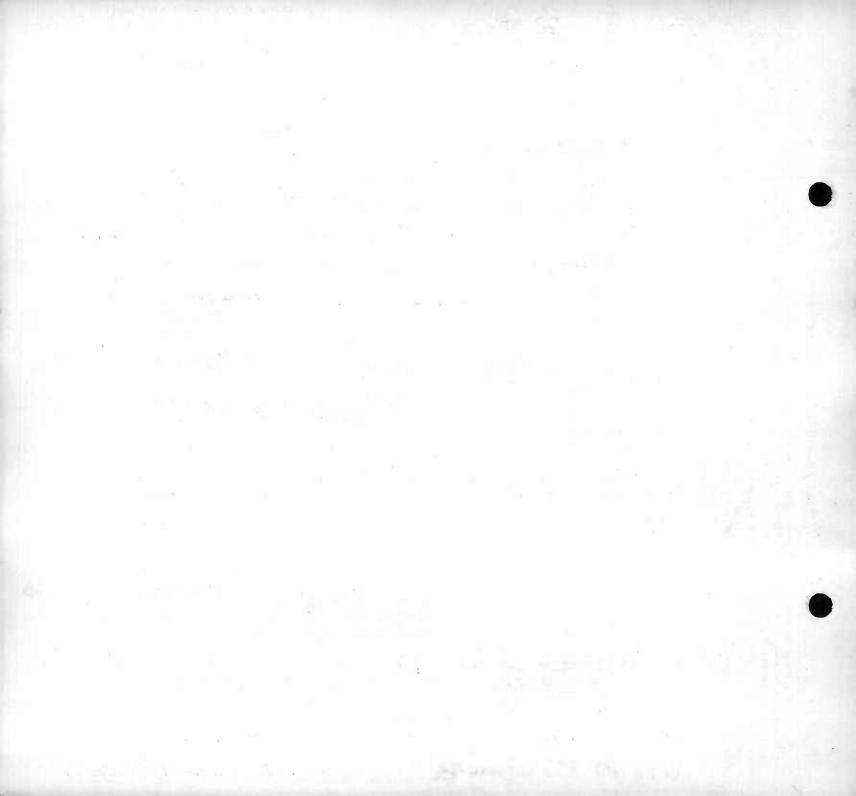
25A. DATE REC'D BY HEALTH DEPT.

8/18/70

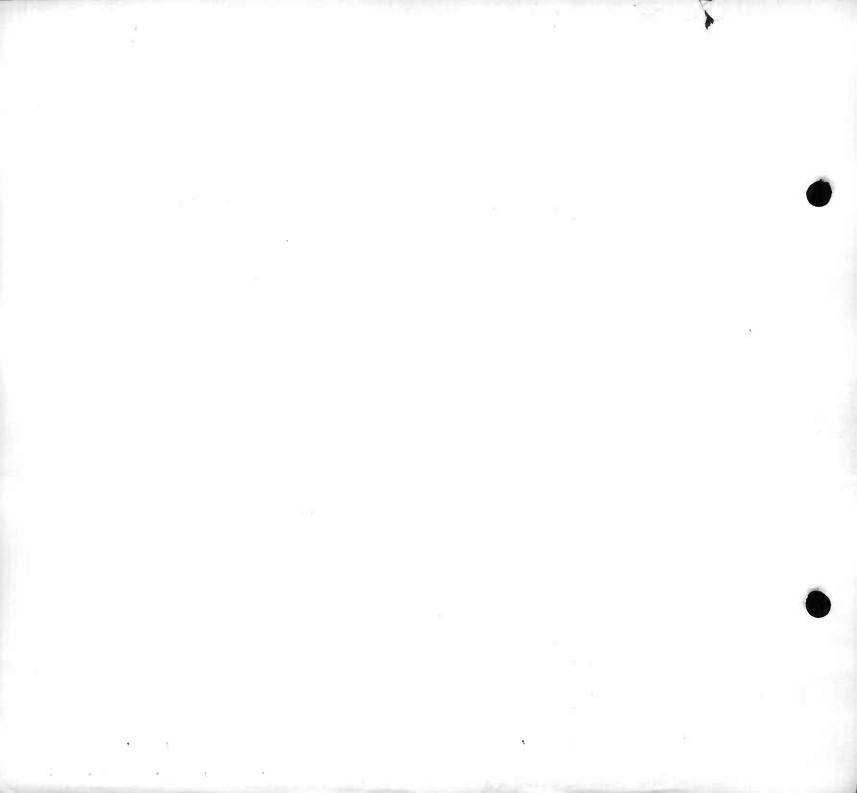
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Letter from M.E.'s office 1-8-71 M.H.

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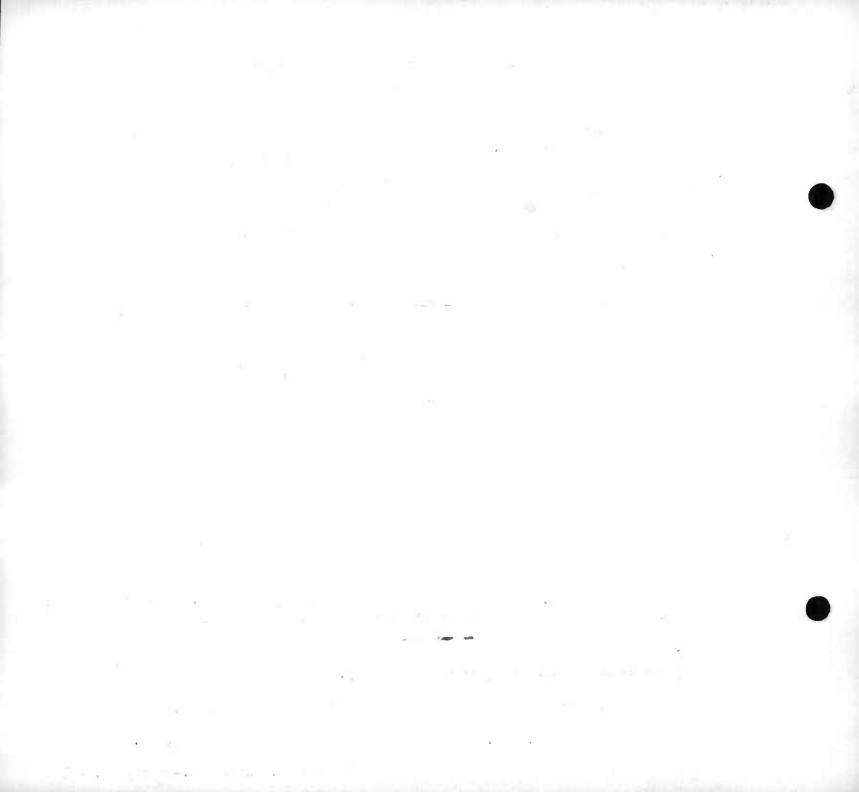
s to the second	H-155 70 8276 CERTIFICATE OF DEATH REG. NO. 70 8276
h. S	Type or Print) Mass HOFFMAN, MARIE J. Aug. 18th 1970 1 8: 40 au
ndanc to dec	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)  UNION MEMORIAL HOSPITAL  L. STREET AND NUMBER  VES NO  E. STREET AND NUMBER  2820 O VERLAND AVENUE 7702
mad s	SEX 6. RACE FEMALE WHITE NEVER MARRIED NEVER MARRIED 08- DATE OF BIRTH 17. If Under 14 Hrs. Months: Days Hours Min.
1	House Lee PER. Retired Seamstres MARYLAND U.S. A.
	JOHN. C. HOFFMAN KATHERINE. A. BURNS
C	S. Wos Deceosed Ever in U. S. Armed Farces?  Tes, na or unknown] Uf yes, give wor ar doles of servicel  No  16. SOCIAL  SECURITY NO.  214-01-4965-A  ADMISSION  HISTORY  UNION METICRIAL
	DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  [This does not meen the mode of dying, e.g.,  [A) IMMEDIATE CAUSE HYPER PYREXIA   RESPIRATORY  [A) IMMEDIATE CAUSE HYPER PYREXIA   RESPIRATORY  [A) IMMEDIATE CAUSE HYPER PYREXIA   RESPIRATORY  [A) IMMEDIATE CAUSE HYPER PYREXIA   RESPIRATORY  [A) IMMEDIATE CAUSE HYPER PYREXIA   RESPIRATORY  [A) IMMEDIATE CAUSE HYPER PYREXIA   RESPIRATORY
	injury or complication which coused death.)  ANTECEDENT CAUSES  (m) CARCINOMA THYROID = WIDESPREAD HETASTASIS.
	DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.  (C)
CEPTIEIC ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes of No.)  20B. IF YES. WERE FINDINGS CONSIDERED
CAL CEPTIE	In Bullimore City, give eved location
MEDIC	21D. TIME (Month) IDoy) IYear) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While At
	22. I certify that (I) (this hospital) attended the deceased from 08 - 10 - 19 70 to 08 - 18 - 19 70 that (I) (we) lost saw the deceased alive on 08 - 18 19 70 ond that in (my) (our) opinion death occurred on the date
	ond hour and from the guses stated above. (i) (We) (dld) (dld not) view the body ofter death.  23A. SIGNATURE  Attending Med. Director Phys. 23B. DATE SIGNED  08 - 18 - 1970
	RAU. RAHNATH UNION HEMORIAL HOSPITAL
L	AA. BURIAL CREMATION, 24B. DATE 24C.NAME of CEMETERY or CREMATORY 24D. LOCATION (City, Iown, or county) (Stole)  Burial 8/21/70. Holy Redeemer Cemetery Baltimore, Md.  5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 125C. FUNERAL DURSCOON.
U	25c. funeral director Address Leonard J. Ruck, Inc. Balto. Md.212



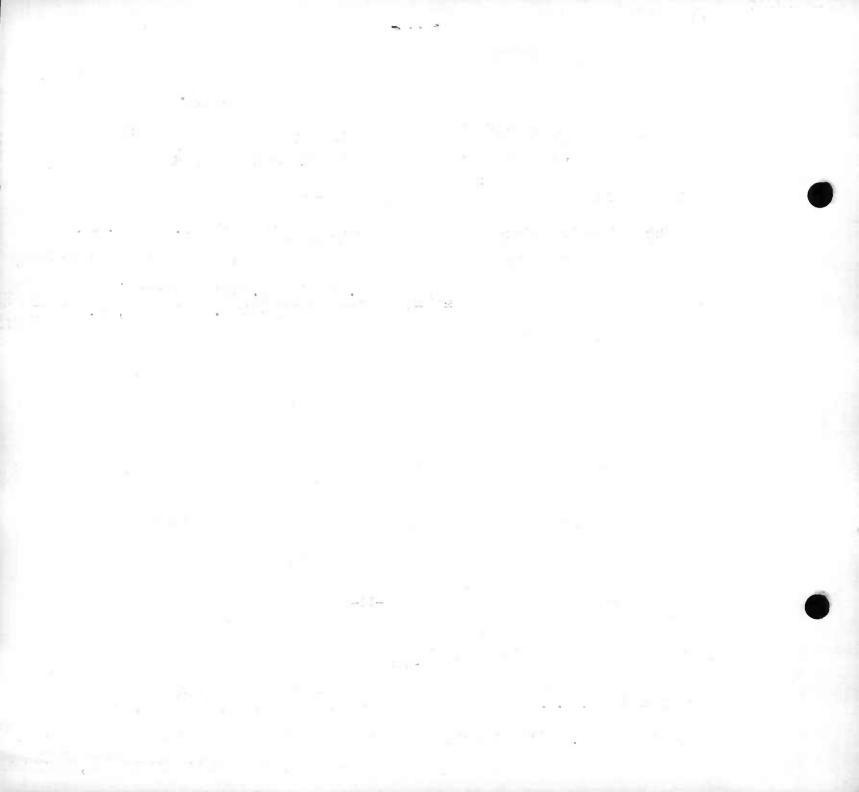
		M-626		8277		TE OF DEA		REG. NO	70	827	7
		Pe or Print	P. Marquard	3				OUR OF DEATH		3	Р.
	FII	PLACE IN BALTIMOR  JUL NAME OF (1) DSMTAL OR A STITUTION	August 15, 1970 3 P. M.  4. USUAL RESIDENCE (Where deceased lived if institution: residence before admission)  Maryland					odmission)			
	0	6307 Ma	Baltimore  E. STREET AND NUMBER  6307 McClean Blvd					6			
Ĕ		5. SEX 6. RACE 7. MARRIED NEVER MARRIED				8. DATE OF BIRTH	[9. AC	E (In years	If Under 1 Months; Doy	r. II Und	er 24 His,
			ni.te	WIDOWED		Feb. 25,	1315	50	IVIONINS: DO	, nous	PVII Ne
position is	don	e during most of working Electricial FATHER'S NAME	life, even il refired)	IOB, KIND OF	F BUSINESS OR INDUSTRY	Maryland	d	untryl	12. CITIZEN	OF WHAT	COUNTRY?
	13.	Frederick	Managand			14. MOTHER'S MAIL					
3	15. 1		-	0.9?	Il 6. SOCIAL	Elizabet	n Sipple	)			
Tinal als	(Yes	Was Deceosed Ever in s,no or unknown) (If yes NO	, give war or dates	of service)	SECURITY NO. 213-01-4627	Mrs Margai	ret A Ma	nauand	Same	DRESS	
5		18.4 6 7	/ 1		CAUSE OF DEATH		IOU A MA	irquara		PROXIMATE I	NTERVAL
	TION	lThis does not med heart failure, asthen injury or camplication	ia, etc. Il means for which caused of EDENT CAUSES ONDITIONS, if or ye couse (A) IDITION lost.	the disease, death.)  ny, giving stating the	(0)	SE Meta A CONSEQUENCE OF: Primary A CONSEQUENCE OF	Carcin	Carcioma 10ma Lun		1 Yea	r
	<	DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED				20A-AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
	- 1	21A. ACCIDENT WA OR CONTRIBUTING DEATH Inosily medical	S UNDERLYING CAUSE OF	21 8, hom etc.)	PLACE OF INJURY (e.g., in e, larm, lactory, street, off	or obout 21 C. WHERE	DID CUR?	(II In Boltimore	City, give exc	ect location)	
3	3	21 D. TIME (Month OF INJURY (APPROX.)	nl (Doy) (Yearl		INJURY OCCURRED  Not While k At Work		DID INJURY C	CCUR?			
		22. I certify that (I	) (sh <del>ia the pitu</del> l)	attended ti	ne deceased from			70 to		19	70.
	- 1					19_70	and that in	(my) (our) opin	ılan deoth oc	curred an	the date
		and hour and type the courses stoted above. (1) (166) (did not) view the body ofter deoth.									
		23C. PHYSICIAN'S NAME (Type)	ending Med. Staff 238, DATE SIGNED  238, DATE SIGNED  8/15/70  230, ADDRESS			).					
2		Arthu	r E Cocco	M.D.	DEGREE	107 East C	hase St	Baltimor	re. Mam	hrafr	
3 10	24A.	REMOVAL (Specify) Burial	8/19/70	24C.NA	ME of CEMETERY of CREATERY AND CREATERY	MATORY	24D. LOCATI		y, town, or cal		(Stote)
	25A.	AUG 20 197				Leonard J	RECTOR		-	odress Sarylar	nd

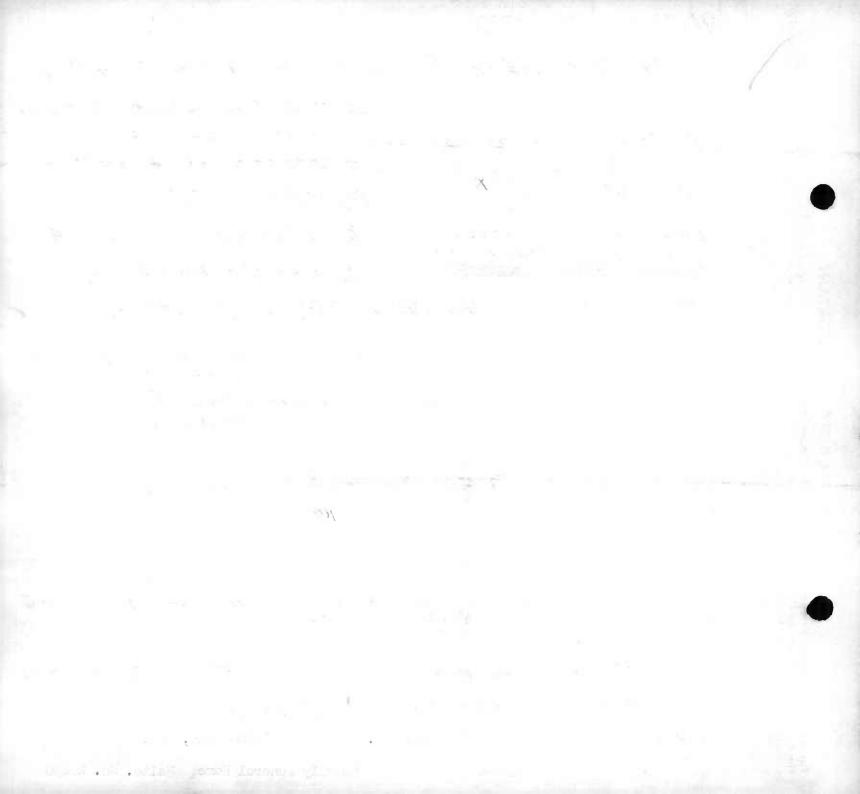
9 .

W-100	70 8	R278		HEALTH DEPARTMENT	REG. NO.	.70	8278
BIRTH NO.		3210	CERTIFICA		ND HOUR OF DEATH		
(Type or Print)	JOHN	В.	WEBB		st 8, 1970	1	
3. PLACE IN BALTI	MORE MARYLAND,			4. USUAL RESIDENCE (Wh.	ere deceased lived. If is	nstitution: resid	ence before admissio
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPI ADDRESS OR LO	TAL OR INSTITU	JTION. GIVE STREET	Maryland			
iksiii bilok	Alcazar Ho	tel		Baltimore	D. INS	VES X	NO
0	712 Cathed	ral St.		E. STREET AND NUMBER			11.05
5. SEX 16	5. RACE	17		712 Cathedral			
male	caucasian	WIDOWED		1/23/01	9. AGE (In yours lost birthdoy)	If Under I Months Do	Yr. If Under 24 Hr
done during most of we	PATION (Give kind of wo orking life, even if refired) teel Worker		BUSINESS OR INDUSTRY	11. BIRTHPLACE (Slote or lor Penn			OF WHAT COUNTS
13. FATHER'S NAM				14. MOTHER'S MAIDEN NA			JOA
U	Ink			Unk			
5. Was Deceased E (Yos, no or unknown)	ver in U. S. Armed Fo	orces? les of sorvice)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	R	liggs Y	Pati Bank
Yes	IWW		168-01-1644	Mr. Richard		Wash.	
UNDERLYING  OTHER SIGNIFIC TO THE DEATH DISEASE OR CO. 19A-DATE OF C. 17A-ACCIDENT OR CONTRIBUTION DEATH (notify m.	WAS UNDERLYING	I dying, e.g., s the diseose, d deoth.)  S ony, giving stoling the Stoling the DNTRIBUTING THE TERMINAL RT 1 (A).  NOTION FOR WAFORMED  218. home etc.)	/HICH OPERATION  PLACE OF INJURY (e.g., in form, foctory, street, off injury occurred e At Not While	SE Probable A CONSEQUENCE OF:  A CONSEQUENCE OF:  20A- AUTOPSY? (Yes or N or obout 21C, WHERE DID ice bidg., INJURY OCCUR?	(If In Boltimor	al BETY	TH?
22. I certify the	not (1) ( <del>Ilifa hospita</del>			JOVEMBER	10 6 / 4- AU	-/15T	2 10 70
that (1) () 10	est sow the deceas	ed olive on	MARCH /	19 70 ond th	nat in (my) (oor) opi	nian death o	ccurred on the dat
and have and	from the couses sta	ited obove, (1)	(We) (did not) vi	ew the body after deoth.			
23A. SIGNATURI	11 1		After	ding Med.	Stoff	238, DATE S	GNED
23C, PHYSICIAN NAME (Typ	S	iman.	OEGREE Phys.	Director L	Staff Phys.	8	101/0
	Dr. Barne	tt Berman	DEGREE	611 Park Ave,	Balto, Md.		
24A. BURIAL CREM REMOVAL (Sp.	ecify)	1	ME of CEMETERY of CRE	MATORY 24D. L	OCATION (C)	ty, town, or co	unty) (Stote)
Burial	8/14/	172	Mary's Cemete	ry	Pittsburg,	Pa.	
25A. DATE REC'D B	Y HEALTH DEPT.	258. NAME O	REGISTRAR	25C. FUNERAL DIRECTOR			ADDRESS
AUG 2.0 /S 150-REV. 1/1/68	19/1 Ocher	E Jalle	ALD.	Leonard J.	Ruck, IncB	salto, M	a 14

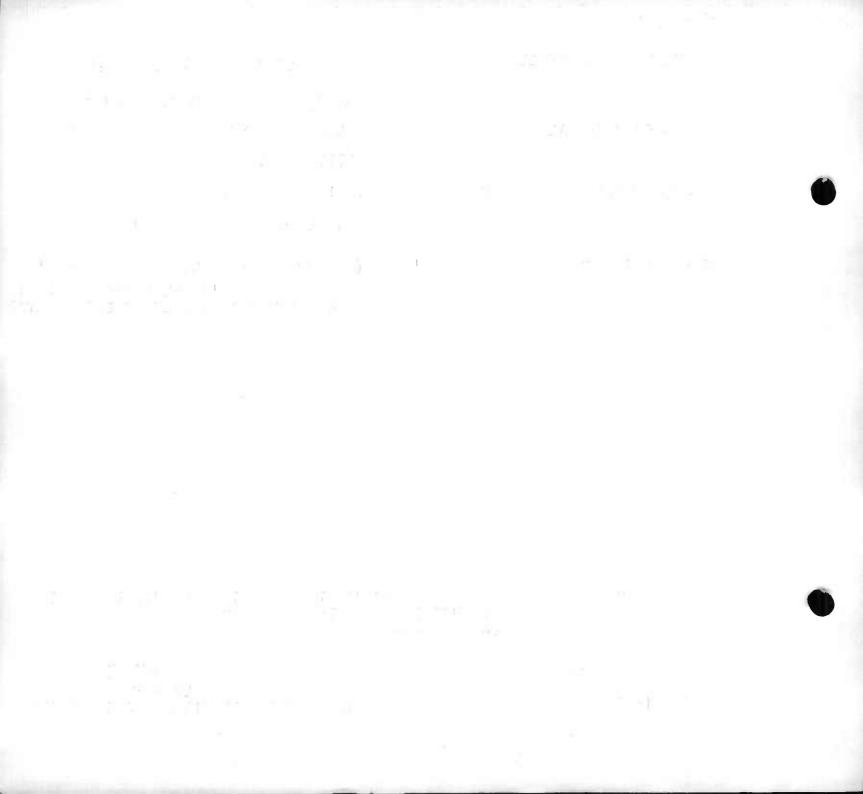


1	11-42/1/ /11 09/70	Y HEALTH DEPARTMENT 70 8279			
	RTH NO. NAME OF DECEASED	ATE OF DEATH			
(T)	ype or Print) The ma Walls	2. DATE AND HOUR OF DEATH			
3,	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, Il institution: residence before ad A. STATE B. COUNTY			
H	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland Wicomico			
IN	Baltimore City Hospitals 4940 Eastern Avenue	C. CITY OR TOWN  Salisbury  Selisbury  D. INSIDE CITY LIMITS?  YES NO			
Bl	Baltimore, Maryland 21224	Salisbury YES NO NO NO NO NO NO NO NO NO NO NO NO NO			
5.	SEX 6. RACE 7. MARRIED X NEVER MARRIED				
F	emale White WIDOWED DIVORCED	2-20-1923   last birthday  47   Manths Days Haurs			
da	A. USUAL OCCUPATION (Give kind al work 10 B. KIND OF BUSINESS OR INDUSTRY				
12	Beautt Salon Operator	Maryland (Somerset Co.) U.S.A. Primcess Anne 14. Moirer's Maiden Name			
13.	Fred Harris	Hattie Louise Brittin			
15. (Ye	Was Dacaased Ever in U. S. Armed Farces? s, no ar unknawn) (II yes, give war or dates of service) SECURITY NO.	William F. Walls (Husband) ADDRESS			
	To 218 <b>0</b> 14_2490	Mr. William F. Walls (Husband) ADDRESS Records: BCH-4940 Eastern Avenue 21224 202 Hall Drive Salisbury, Md. 218			
	DISEASE OR CONDITION DIRECTLY	APPROXIMATE INT			
	LEADING TO DEATH	1185 Denkin Shard 3 has			
	heori failure, asthenia, etc. Il means the disease,	A CONSEQUENCE OF:			
	injury or complication which caused death.)  ANTECEDENT CAUSES	0			
	DISEASES OR CONDITIONS, il ony, giving  (B)  DUE TO, OR AS	S A CONSEQUENCE OF:			
	rise to the obave couse (A) stating the UNDERLYING CONDITION last. (C)	333			
	(C)				
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	reckemia Bone Moesier transfort 2.			
FICA	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING, CAUSES OF DEATH?			
ERT	WAS PERFORMED	YES			
	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., FOR CONTRIBUTING   CAUSE OF home, form, foctory, street, all etc.)	in or about 21C. WHERE DID (If In Boltimare City, give exact location) (fice bldg., INJURY OCCUR?			
MEDICAL	21 D. TIME (Month) (Day) (Year) (Hour) 215, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?			
×	OF INJURY (APPROX.)  While A1  Not While A1  A1 Work  A1 Work	le 🖂			
	22. I certify that (1) (this hospital) attended the deceased from 8	-12- 1970 to 8//7 10			
	that (H(we)) last sow the deceased alive on 2/17	19.20 and that [M(my) (our) apinian death occurred an ti			
	and hour and fram the causes stated above. (1) (We) (did) (did not) v	view the bady after death.			
_	23A SIGNATURE	ending Med. Stoff C			
-	23 G. PHYSICIANS	ending Med. Steff s. Director Phys. 9			
		23D. ADDRESSBaltimore City Hospitals			
24/	BURIAL CREMATION, 24B, DATE 24C, NAME of CEMETERY OF CRE	4940 Eastern Avenue, Baltimore, Maryland 21 EMATORY [240. LOCATION (City, lown, or county)] (5)			
	Burial Aug. 20/70 Wicomico Memor	cial Park Salisbury (Wicomico Co) Mar			
25/	A. DATE REC'D BY HEALTH DEPT. 256. NAME OF MIGISTRAR	25C. FUNERAL DIRECTOR HOLLOWAY & COMPANY SALISBURY, MAR			
F		HULLOWAY & COMPANY SALISBURY, MAR			
VS	150-REV. 1/1/68				

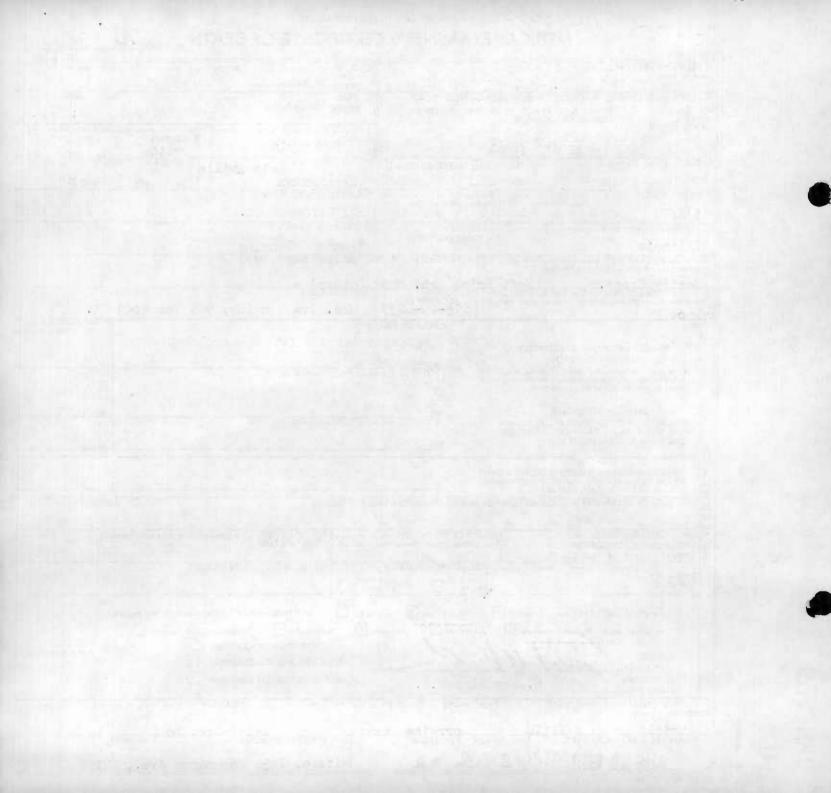




	3-24C	70	8281		HEALTH DEPARTMENT		70 8281		
1.1	SECKLEY	LASED L. EDNA ESTE	LLA			AND HOUR OF DEATH			
11		TIMORE, MARYLAND, W		DUNCED DEAD	AUGUST 19, 1970   3:15 A				
FL His IN	ILL NAME OF OSPITAL OR STITUTION	2.44		TUTION, GIVE STREET	MARYLAND HOWARD COUNTY C. CITY OR TOWN D. INSIDE CITY LIMITS?				
i	)	3 HOST TIAL			E. STREET AND NUMBE		YES NO 1		
5.	SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	II Under 1 Yr., II Under 24 H		
	EMALE	WHITE	WIDOWED	DIVORCED	02 16 88	lost biethdoy)	Months Doys Hours Min.		
001	CUSUAL OCCU e during most of v OUSEWIF	Moterna lite' exeu it telited)	10B, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of MARYLAND	foreign country)	USA		
13.	FATHER'S NAM	A E			14. MOTHER'S MAIDEN	NAME			
F	REDERI	CK MEYERS		DEC D		) ANNABELLE	DEC ID		
		Ever in U. S. Armed Fore	es? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	RECORD S BA	LTIMORE ND 2122		
_	18. 22. 4	7 81.		CAUSE OF DEATI	ST AGNES F	OSPITAL WI	LKENS & CATON A		
ATION	DISEASES Onise to the UNDERLYING	R CONDITIONS, if abave cause (A) CONDITION last.	Stating the	(B) / OSSIDE DUE TO, OR AS (C)	A CONSEQUENCE OF:	lortic YMQUY	· y5m		
	DISEASE OR CO	OPERATION GIVEN IN PART OPERATION 198 CONE WAS PERF	1 (A).	WHICH OPERATION	20A. AUTOPSY? (Yos or	No. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED		
CAL CE	21A. ACCIDEN OR CONTRIBU DEATH (notify	T WAS UNDERLYING TING CAUSE OF	21 B horn etc.	PLACE OF INJURY (e.g., in no, form, foctory, street, off )	or obout 21 C, WHERE DID	(if In Boltimon	re City, give exect focation)		
	OR INITION					INJURY OCCUR?			
	22. I certify that (X) (we)	that (() (this hospitol)	attended t	he deceosed from AUGUST 19,	JGUST 18, 19 70ond		GUST 19, 19 70 nlon death occurred an the do		
	and hour and	from the couses stoy	d obove. XI	v (元本本本) (Hb) (Hb) (H) (H)	ew the body ofter deat	h.	The desired on the de		
	23A. SIGNATUI	le let		Atten	ding Med.	Shaff Phys.	23B DATE SIGNED 8/19/70		
	23C. PHYSICIAN NAME (Ty S OU!			Dr. Oktr	3D. ADDRESS	BALT	IMORE MD 21229 ENS & CATON AVE		
24A	REMOVAL (S. Burial	Aug. 21	'70 L	orraine Park	MATORY 24D		ty, town, or county) (Stote)		
1	UG 20 1	970 Robert E	Jaban,	PE REGISTRAR	25C. FUNERAL DIRECT Funeral Hari	oMoward Cou y Witzke E	nty ADDRESS Ilicott City Md		



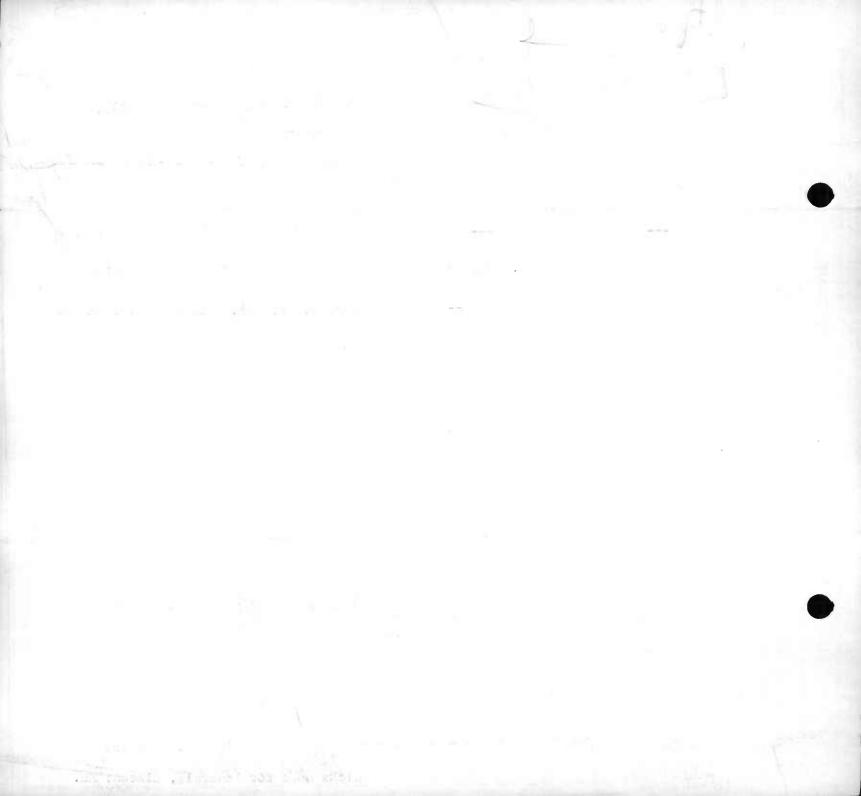




DIRECTOR:

FUNERAL

-ne bin i eie de de la company



f death occurred in a hospital ct or contributing cause of ct). Undetermined cause: (5) Decc	was in regular attendance he deceased prior to deat position is made.
ORTANT assistant if the dire	d death ance on t
: IMPC	onounce r attend almed o
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

DO DOO BALTIMORE	CITY HEALTH DEPARTMENT 70	8286
BIRTH NO.	CATE OF DEATH REG. NO.	0.400
1. NAME OF DECEASED		
(Type of Pont)	2. DATE AND HOUR OF DEATH	14
Jackson, Emma, L	3/4 8/18/70	1 3 17 Pu
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where docoosed lived, If institution	residenco beforo odmission)
FULL MANAGE OF AND MANAGE OF THE PARTY OF TH	A. STATE D. COUNTY	
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Md Baltimore	
INSTITUTION	C. CITY OR TOWN . D. INSIDE CITY	LIMITS?
1/1/	Baltimore YES	No No
34 BON Secours Hospital	E. STREET AND NUMBER	A / was
o /	708N. GILMOR Street	+ 1103
5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORSED		
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	[lost birthdoy]   Month	der 1 Yr. If Under 24 Hrs. is Doys Hours Min.
" I LOUGE I MIDOMED   DIVOKCED	18/19/08 62	
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUS		TIZEN OF WHAT COUNTRY?
o bone coming most of working the, even by select	manuland	1150
13. FATHER'S NAME	11/41 4 7 0100	WIA
O ISTAMER'S NAME	14. MOTHER'S MAIDEN NAME	
done during most of working life, even ifretired)  13. FATHER'S NAME  OSCAR BENTAMIN Jackson	Elizabeth Hopkins	
15. Wos Deceosed Ever in U. S. Armed Forces?   16. SOCIAL		
(Yes, no or unknown) (Iff yes, give wor or dotes of sorvice)  SECURITY NO.	17. INFORMANT	ADDRESS
2	B. Kehm EN	TOIL
18. 4 / 2 21 CAUSE OF DE		
0		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	restrue Heart Laiderte	10
LEADING TO DEATH	AUSE	monto
(A) MMEDIATE (A) MMEDIATE (A) MMEDIATE (A) MMEDIATE (A) MMEDIATE (A) MMEDIATE (A) DUE TO, OR.	AS A CONSEQUENCE OF:	
injury or complication which caused death.)		
	SCUD	
(n)		years
Time to the above sever (A) start of	AS A CONSEQUENCE OF:	0
	en tension	144 1 0
UNDERLYING CONDITION lost. (C).		1 years
E   z		0
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		1
TOISEASE OR CONDITION GIVEN IN PART 1 (A).		***********************
	20A. AUTOPSY? (Yos or No.) 20B. IF YES, WERE FINDING	S CONSIDERED
	IN CERTIFYING CAUSES OF	DEATH?
O U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (6.5	pe in or obout 21C. WHERE DID (If In Boltimore City, g	luo avast lasatta-1
21B. PLACE OF INJURY (e.g. home, farm, foctory, street, etc.)	office bldg., INJURY OCCUR?	ive exect locotion)
OF INJURY (APPROX.)  21D.TIME (Month) (Doy) (Year) (Hour)  21E. INJURY OCCURRED While At Work Not Work  22. I certify that (this baseled) attended the decree of the decre	21F. HOW DID INJURT OCCUR?	
Kor INJORI While At Not W	hile -	
Work At Wo		
22. I certify that (this hospital) attended the deceased fram	ang. 17 19 70 10 ang	18 19 70
that (1) (me) last saw the deceased alive an are 18	The second secon	
		oth accurred on the date
and haur and fram the causes stated abave. (1) (Was) (did not	view the bady after death.	
23A. SIGNATURE	23 B. D.A	TE SIGNED
Thomas MD		
23C. PHYSICIAN'S OEGREE P	thending Med. Staff hys. Director Phys.	18-70
NAME (Type)	23D. ADDRESS	
Lilia Loftanco M.D. DEGR	Bon Secours Hosp, 2025	IN FARETTI SA
124A. BURIAL CREMATION, 24R. DATE	DEAL TORT	v, varjenis
	24D. LOCATION City, Jown,	or county) (Stote)
CULLUL STRIFT OF MILE MINE	Com Britis Till	
ALIG 2.0 1970 Robert & Janker of REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS / A
AUG 20 1970 Robert & Jarber, M.D.	Wellesund Trade and khon O. not	lake de let
VS 150-REV. 1/1/68	The proceed the sold of the	ACTROCEUS AT



a hospital and

	M. 300 00 00	O 100	HEALTH DEPARTMENT		710 -007			
É		87 CERTIFICA	TE OF DEATH	REG. NO	70 8287			
	NAME OF DECEASED  Type or Print)  Notted Notted			ND HOUR OF DEATH				
1	Nettie Mathi		114. USUAL RESIDENCE (Wh	6-70	5:25 a. M.			
Ш				NTY	stitution; residence before admission)			
	OSPITAL OR ADDRESS OR LOCATION)		Maryland c. CITY OR TOWN		DE CITY LIMITS?			
1	Provident Ho	spital, Inc.	Baltimore	J. 114311	YES X NO			
1	9 1514 Divisio	n Street	E. STREET AND NUMBER		1520			
5.	Baltimore, M	340 Fairviev		1338				
	Female Negro WIDO	RIED NEVER MARRIED DIVORCED		9. AGE (In years lost birthdoy)	Months Doys Hours Min.			
10	OA. USUAL OCCUPATION (Give kind of work 108, KIN one during most of working life, eyen if refired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or lore	aign country)	12. CITIZEN OF WHAT COUNTRY?			
	Domestic		Callembre	Fr.	U.S.A.			
13	FATHER'S NAME		14. MOTHER'S MAIDEN NA	.ME	0.00.20			
	Hank Laanv		France	Johnson!				
(Y	Was Decoosed Ever in U. S. Armed Forces? es, no or unknown) lif yes, give wor or deles of sen	ice) I 6. SOCIAL SECURITY NO.	17. INFORMANT	1	ADDRESS			
	NO		Chansie Mi	orthis 8	40/ Fain Way			
	18.	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		- Keenial	2. Fro, Do	1.0			
1	(This does not mean the mode of dying, e.g., heart failure, ashenia, etc. if means the disease							
	injury or camplicolian which coused death.)							
	DISEASES OF CONDITIONS (8). Melles lelie adelles elections							
	DISEASES OR CONDITIONS, if ony, gi	ving DUE 10, OR AS	A CONSEQUENCE OF:		1			
	UNDERLYING CONDITION last	(C)						
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG COM	14 050	0				
ATION		VAL COUNT	my Cellen	2 biseas				
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION I	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?			
2	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., In	or obout 21 C. WHERE DID					
CAL	DEATH (natily medical examiner)	hame, form, foctory, street, aff	ice bldg. INJURY OCCUR?	ht in commore	City, give exoct location)			
MEDI	21D TIME (March) (D. ) (V.)	21 E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?				
2	(APPROX)	While At Not While At Work	8-70					
	-70							
	that (1) (we) last saw the deceased alive	19and the	at in (my) (our) opini	an deoth occurred on the date				
	and haur and from the causes stated abov	e. (i) (We) (did) (did not) vi	ew the bady after death.					
	23A. SIGNATURE	() Atten	ding Med.		38, DATE SIGNED			
	23C.PHYSICIAN'S NAME (Type)	DEGREE Phys.	Director L	Staff Phys.	8-17-70			
	NAME (Type)		- 11	W. W.	/			
24.	A. BURIAL CREMATION, 24B, DATE REMOVAL (Specify) 24B	DEGREE	MATORY 124D. LO	CATION ACITY	Jowy, or county) (Stote)			
	Busine 8/20/20)	asers Muses	al Pout for	usol Wi	(21016)			
25.	A. DATE REC'D BY HEALTH GEPT 4 SET THAT	TE OF REGISTRAR	25C. FUNERAL DIRECTOR	VIII III	APPRESS /			
	AUG 20 19/0 / Valent de Ser	Carriera .	Milliams )	unualton	e 394. Sello-colle			
VS	150-REV. 1/1/68							

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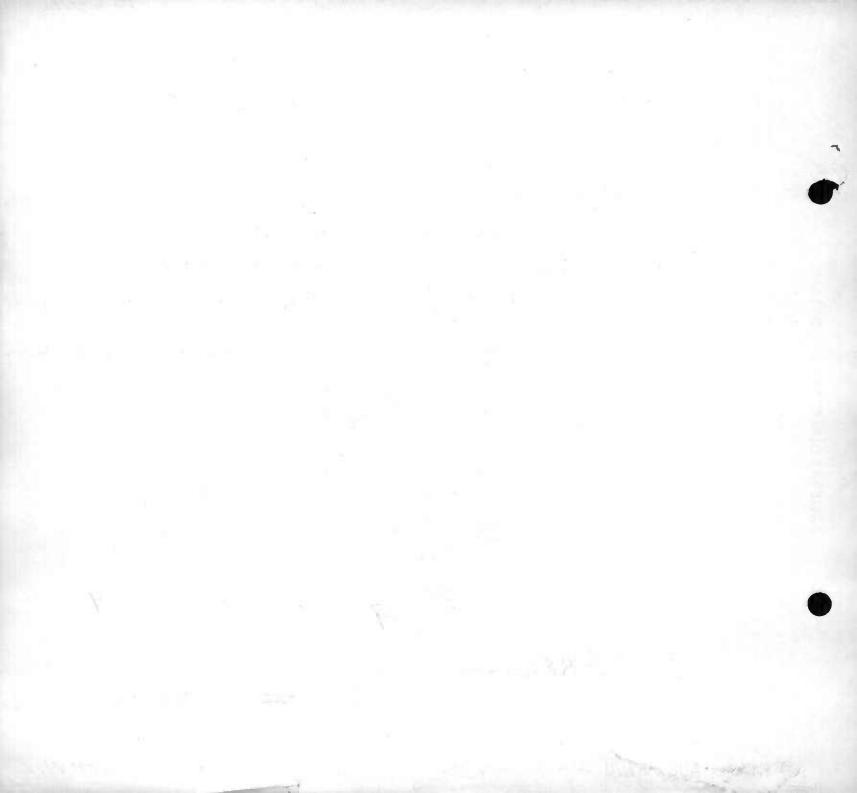




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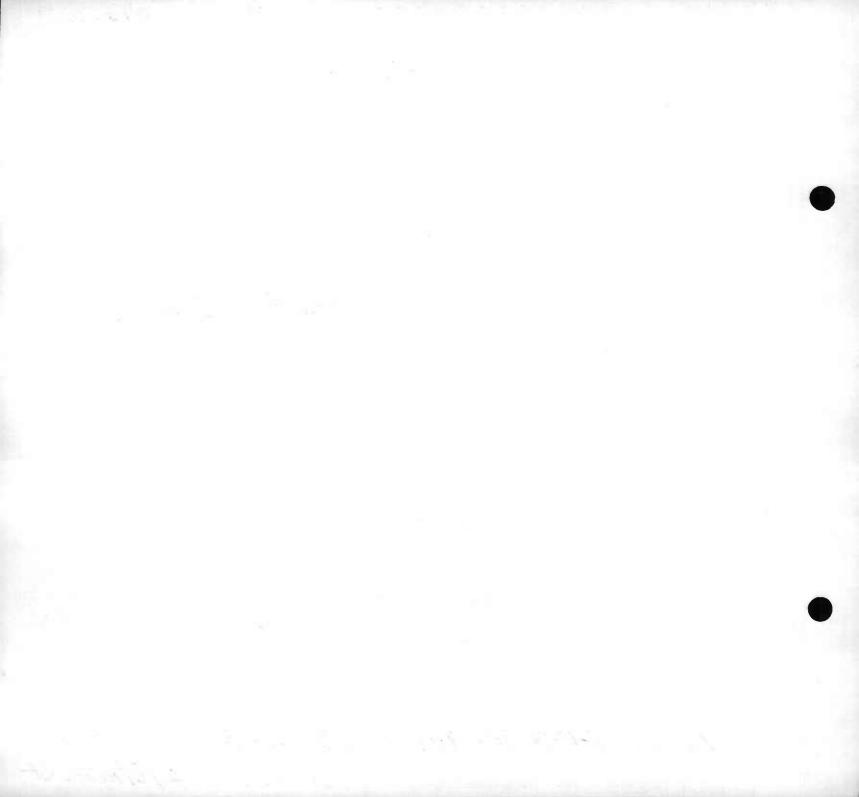
IMPORTANT

DIRECTOR:

FUNERAL







AYRELS



BI	B-255 70	8296		TE OF DEATH	REG. NO	70	8296	)	
	Pe or Print)  ESTELLE	BUCHANAN		2. 8A1E 6	HOUR OF DEATH	1	5:30	am	
FU	PLACE IN BALTIMORE, MARYLAND, W	AL OR INSTITUTION		A. USUAL RESIDENCE (Who A. STATE MARYLAND	ere deceased lived, If ins NTY	stitution: resid	enco before	M. odmission)	
IN	OSPITAL OR ADDRESS OR LOCA	ATION)	,	C. CHY OF TOWNE D. INSIDE CITY LIMITS?					
0	BOLTON HILL NURSING	CENTER		E. STREET AND NUMBER 1610 N. APPLETON 150					
	SEX F 6. RACE N	WIDOWED	EVER MARRIED DIVORCED	12-4-1902	9. AGE (In years lost birthdoy) 67	Il Under 1 Months Do	Yr. II Un ys Hours	nder 24 Hrs. Min.	
doi	NUSUAL OCCUPATION (Give kind of work to during most of working life, even if setired) Housewife	Home	INESS OR INDUSTRY	BISHOPSVILLE	S.C.	U.S.		COUNTRY	
13.	Stannay Pivara			14. MOTHER'S MAIDEN NA		<del></del>			
15.	Stepney Rivers Was Deceased Ever in U. S. Armed Fore	ces? 16.5	OCIAL	Amelia River	rs	14	DRESS		
(16	s, no or unknown) (If yes, give war or dote:	s of serviced 2I3	IS-2288	AMMESSION	RECORD	11	,		
	DISEASE OR CONDITION DIR LEADING TO DEATH (This does not meen the mode of heart failure, astheria, etc. it means injury ar camplication which caused ANTECEDENT CAUSES	dying, e.g., the disease, death.)		SE HEUNDS A CONSEQUENCE OF:	gla J		PPROXIMATE WEEN ONSET	AND DEATH	
	DISEASES OR CONDITIONS, if a rise to the above cause (A) UNDERLYING CONDITION last.	any, giving sloting the	(c)	A CONSEQUENCE OF:				**************	
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART	E TERMINAL	Jen HS	(COD - D	coveres	Ullike	. 10	ins	
RTIFIC	19A. DATE OF OPERATION 19B. CONT	ORMED	- OPERATION	20A-AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
CAL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21 B. PLAC home, for elc.)	E OF INJURY (e.g., ir m, factory, street, of	or obout 21 C. WHERE DID	(If In Boltimare	City, give ex	oct locotion)		
MEDI	21D. TIME (Month! (Doy) (Yeo!) OF INJURY (APPROX.!	(Hour) 21E INJU While At Work	RY OCCURRED  Not While At Work	21F. HOW DID INJ	URY OCCUR?				
	22. I certify that (I) this hospital) that (I) (we) lost sow the deceased		ceosed from	-23-70 709ond the	ot in (my) (our) opini	ian death o	ZO 1	n the dote	
	and hour and from the couses state	ed obove We	did) (did nat) vi						
	Theother ( March H) Attending   Med. Stoff   8-17-70								
244	27C. PHYSICIAN'S NAME (Type)	NIK	M DEGRAP	Jacob S (	therter	87	+		
248	Burial 248, Date 8-19-7		CEMETERY OF CRE			, town, or con		(Stole)	
25/	PATE REC'D BY HEALTH DEPT.	25B. NAME OF REC	S Memorial	25C. FUNERAL DIRECTOR MORTON & DYE	Baltimore, TT F.H. 170		yland ens S	treet	
VS	150-REV. 1/1/68		PA -				-		

<b>b</b> -5 <b>3</b> -56-44	0-500 70 0297 BALTIMORE CITY HEALTH DEPARTMENT 70 8297
and sath the uch	D-500 70 8297 CERTIFICATE OF DEATH REG. NO. 70 8297
0 0 N	1. NAME OF DECEASED (Type or Print) PEARL QUEEN (Thomas) 2. Date and Hour of Death 8 A M.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)  A, STATE  B, COUNTY
A 20.05 A	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET MARYLAND 703
- 3 -	
Underermined causes in regular atte deceased prior stition is made.	E. STREET AND NUMBER
0.0	4940 Eastern Avenue, Baltimore, Md. 21224 614 W HANVALE ST. 21217 5. SEX 6. RACE 7. MARRIED NEVER MARRIED TO 8. DATE OF BIRTH 19. AGE (In veris) III Under 1 Yr. II Under 24 Hz.
eased is mad	Female Negro WIDOWED DIVORCED 25 Let 1899 Tost birthdoy Months Doys Hours Min.
isposition	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or loreign country)  12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME
	13. FATHER'S NAME  UNK.  14. MOTHER'S MAIDEN NAME  UNK.
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.
	No. 214-26-9220A Records: BCH-4940 Eastern Avenue 21224
	18. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g.,  (A) IMMEDIATE CAUSE Multiple CVAS  (1+ years)
	(This does not mean the mode at dying, e.g., heart loiture, osthenio, etc. It means the disease,
E 0	injury or complication which caused deoth.)
0	ANTECEDENT CAUSES (B) Neggerleusing andiovascula Vissai
ı	DISEASES OR CONDITIONS, il any, giving rise lo lhe above cause (A) stoling the
į	UNDERLYING CONDITION lost (c) T-U O FINLUMONULS -
	O THER SIGNIFICANT CONDITIONS CONTRIBUTING I TO THE DEATH BUT NOT RELATED TO THE TERMINAL I DISEASE OR CONDITION GIVEN IN PART 1 (AL.
l	U IPA DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 200. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED
I	19A DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION 20A AUTOPSY? (Yes or No) 20B IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg. INJURY OCCUR?  EACH (notify medical examined)  21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg. INJURY OCCUR?
I	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	(APPROX.)  While At Work  Not While At Work
	22. I certify that M (this hospital) attended the deceased from 6 166 9 19 to 15 aug 70 19
ı	that (1) (ye) last saw the deceased alive an 14 ave 19 70 and that in (my) faur) apinion death occurred an the date
ı	and have and from the causes stated above. (i) (Ve) (dld) (did not) view the bady after death.
	23A. SIGNATURE  23B. DATE SIGNED  Attending Med. Stoff 1
	OCCANO DISTRICTOR Phys. Director Phys. Director Phys.
	Baltimore City Hospitals
-	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
-	Burial 8/20/70 Mt. Auburn Cemetery Balto. Md.
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
I	AUG20 1970 Pelent & Jakon Morton & Dyett f. H 1701 LAURENS ST
	VS 150-REV. 1/1/68

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	AS TO BEST TO THE STATE OF THE		· */	No.
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	and all and a larger of		Eatle 402	er two
	se fat so atom.			
e A 6 1	To detail the same dates			
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al Invitra		7 7 - 77	Mr. 20.	7.450

FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT

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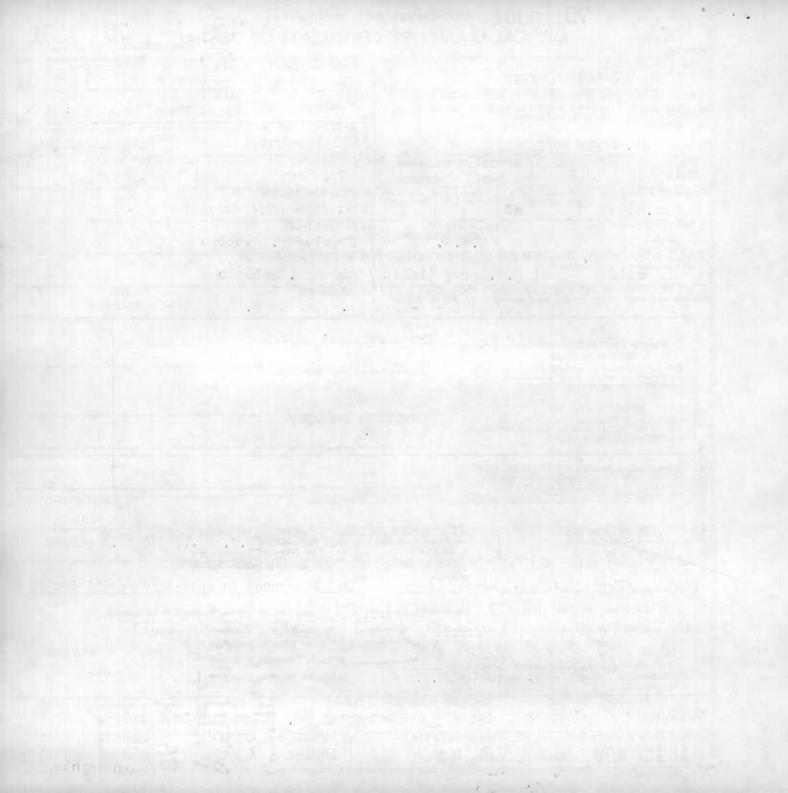
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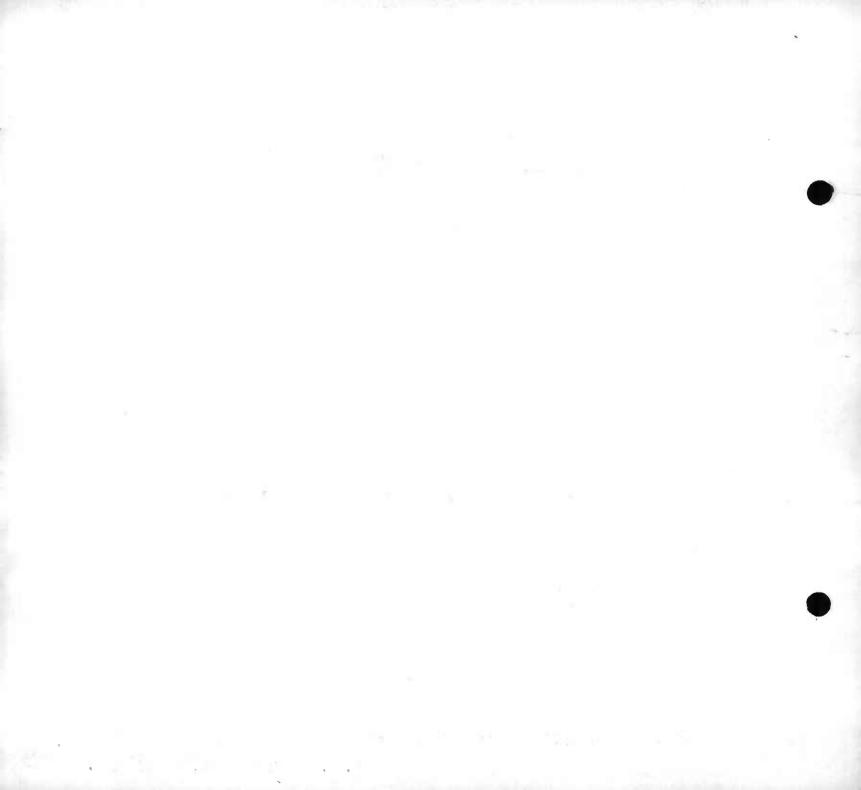
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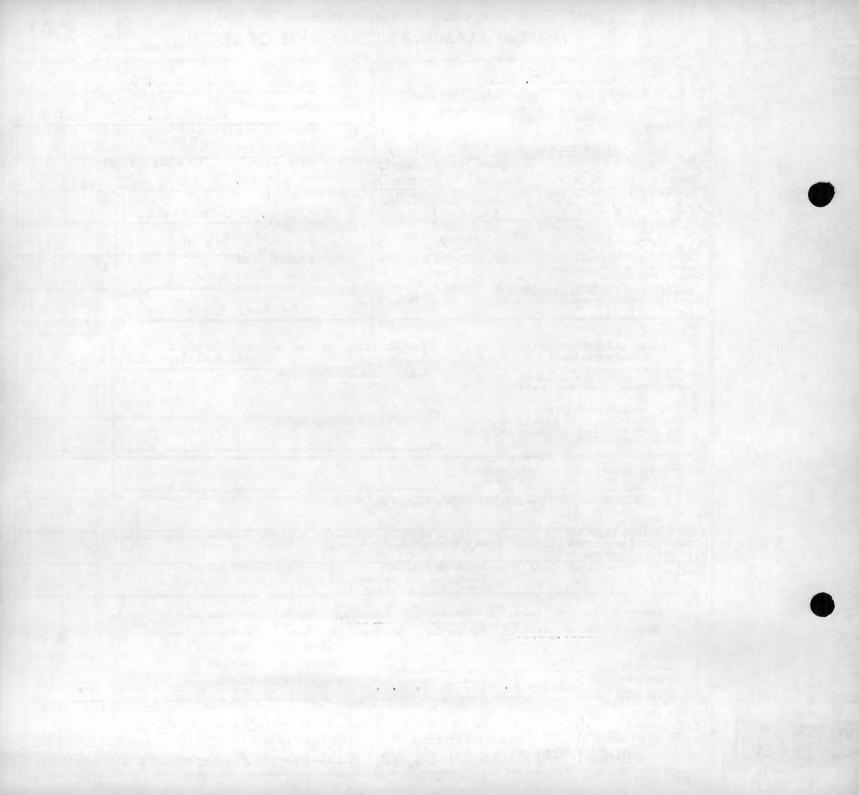
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10-652	-000	BALTIMORE CITY	HEALTH DEPARTMENT		70 8302			
BIRTH NO. 7 Mederich as	8302	CERTIFICA	TE OF DEATH	REG. NO	1000 GOOL			
I. NAME OF DECEASED (Type or Print)			2. DATE	AND HOUR OF DEAT	H			
Beunk Del	DORAL	~ Ann	8-19-70.5:25AM					
3. PLACE IN BALTIMORE, MARYLAND, WH	UNCED DEAD	4. USUAL RESIDENCE IW	here deceosed lived. If	institution; residence before admission				
FULL NAME OF (IF NOT IN HOSPITAL HOSPITAL OR ADDRESS OR LOCAT	OR INSTITU	JTION, GIVE STREET	A. STATE B. COL	THE STATE OF THE S	Frederick			
STITUTION			C. CITY OR TOWN D. INSIDE CITY LIMITS?					
3 Johns Hopkins	Hosp	PHAC	E. STREET AND NUMBER	md.	YES NO			
			R4 x		6000			
- SEX   6. RACE   7.	MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yours	If Under 1 Ye , If Under 24 Hrs			
	WIDOWED		4-3-70	last birthdoy)	Months Doys Hours Min.			
OA. USUAL OCCUPATION (Give kind of work)			11. BIRTHPLACE (Stole or fo	2 12 2 L				
one during most of working life, even if relired)			`		12. CITIZEN OF WHAT COUNTR			
		******	Marylan	0	USA			
3. FATHER'S NAME			14. MOTHER'S MAIDEN N.	AME				
John B	NUN	E	Two	Nobinson				
. Was Deceased Ever in U. S. Armed Force	s?	1 6. SOCIAL	17. INFORMANT	100TH201	ADDRESS			
es, no or unknown) IIf yes, give wor or dotes	of sorvice)	SECURITY NO.			ADDRESS			
No		******	Hospital Recor					
DISEASE OR CONDITION DIREC	DISEASE OR CONDITION DIRECTLY				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
LEADING TO DEATH		(ANIMMEDIATE CALL	ce Candine	assact	4-0			
This does not mean the mode of d	ying, e.g.,	DUE TO, OR AS	SE Cardiac	alle				
injury or complication which caused de	heort foilure, osthenia, etc. il meons the diseose, injury or complication which caused death.)							
ANTECEDENT CAUSES								
	181 marasmus							
rise la lhe above cause (A) si	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:							
UNDERLYING CONDITION last.								
UNDERLYING CONDITION iast, (c) Chronic diar chea								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING								
OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 1	TERMINAL	*****************						
	TON FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or N	o) 208. IF YES. WERE	FINDINGS CONSIDERED			
19A DATE OF OPERATION 198 CONDITION WAS PERFORM	MED		NO	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?			
2TA. ACCIDENT WAS UNDERLYING DEATH (notify medical examine)	21 B. I home etc.)	PLACE OF INJURY (e.g., in , form, foctory, street, off	or obout 21 C. WHERE DID	(II In Boltima	ore City, give exact location)			
21D. TIME (Month) (Day) (Year)	Houd 21E	NJURY OCCURRED	215 HOW DAD 14					
OF INJURY	While		21F. HOW DID IN	JURY OCCUR?				
(APPROX)	Work	Work At Work						
22. I certify that (1) (this hospital) a	ttended the	e deceosed from	5-11	19 70 to C	Zua 19 1970			
that (1) (we) lost sow the deceased of			19 70		The state of the s			
			ond †	uat in (my) (ont) ob	inton death occurred on the date			
and hour and from the causes stated	above. (I)	(Te) (did) (did not) vi	ew the body ofter death.					
STORY STORY OF			10		23B, DATE SIGNED			
La During	DEGREE Phys.	nding Med. Stoff Phys. A 8/19/70						
23C. PHYSICIAN'S NAME (Type)	91.11.9							
RAY W. Trian								
A. BURIAL CREMATION, 248. DATE		ME of CEMETERY OF CRE						
REMOVAL (Specify)			1 1 1 1 mm	OCATION (C	ity, town, or county) (Stote)			
Burial 8/21/70		nt Olivet Ceme			rederick Md.			
	B. NAME OF		25C. FUNERAL DIRECTO	R Houses	- W ADDRESS Fullen			
AUG 20 1970 Jabens El 4	lauber, 1	M.D.	M. R. Etchis	on & Son, Fre	ederick, Md.			
S 150-REV. 1/1/68			1-1					



BIRTH NO.	MED	ICAL	EXAMINER'S	CERTIFIC	ATE OF	DEAT	H REG. NO.	70	8303
1. NAME OF DEC		127777	NTT	2. DATE OF	Known X	Month	Day	Year	Hour
	DOKIS E. KEENE					Augu	ıst 19,	1970	A
I. PLACE IN BALT FULL NAME OF HOSPITAL OR INSTITUTION	PITAL ADDRESS OR LOCATION)			3. DATE PRONOUNCED DEAD August 19, 1970 10:01 A  5. USUAL RESIDENCE (Where deceased lived. If institution: residence before odmission)					
	Bon Secours			A. STATE	Marylan		B. COUNTY	: residence b	605
	7. RACE	8. MARRII	D NEVER MARRIED	C. CITY OR T	OWN		D. INSIDE CI	TY LIMITS?	
Female	Negro	WIDOWI	DIVORCED		Baltimo	re	YE	s 🖾	по 🔲
MAG 6-	1930 lost birthdo	1)	H Under 1 Yr. tl Under 24 Hrs. Aonths Days Hours Min.	E. STREET AN		Pulaski	Street		
BIRTHPLACE (SI	ate or loreign country)		2. CITIZEN OF WHAT COUNTRY?	13. FATHER'S	NAME R	1166	4		
A.USUAL OCCUP	ATION (Give kind of work	48. KIND	OF BUSINESS OR INDUSTRY			ME			
LONG MOTOR MA	orking life even if retired)	not	Home	VIRO	1€ €	URTI	15		
WAS DECEASE	D EVER IN U.S. ARMED	FORCES?	17. SOCIAL SECURITY NO.	18. INFORMA				DRESS	SKI St
119. / /	001		CAUSE OF DEA						PROXIMATE INTERVAL
heart Idilure, Injury ar camp  AN  DISEASES O RISE TO THE UNDERLYING  OTHER SIGNII	t mean the mode of dy outhenlo, etc. It means the pilication which caused dea TECEDENT CAUSES R CONDITIONS, IF ANY ABOVE CAUSE (A) STAT G CONDITION LAST.	disease, th.) GIVING THE	(B) DUE TO, OR A (C)	S A CONSEQUE					
DISEASE OR C	TH BUT NOT RELATED TO CONDITION GIVEN IN PA	OR WHICH OPERATION WA	C Depropues						
3	O. EXAMON 200. CO.				21. AUTO	SY? (Yes or No)			
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.)  22B. PLACE OF INJURY (e.g., in ar about 22C. WHERE DID (if in Baltimore City, give exact location)  Yes  Yes  22B. PLACE OF INJURY (e.g., in ar about 22C. WHERE DID (if in Baltimore City, give exact location)  Yes  Yes  Yes  Yes  Yes  Yes									
ACTUAL SIGNATUS EXAMINES	I certify that I held an Inquiry Inspection Autopsy and that on this basis, death in my opinion resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER								
4A. BURIAL CREMA	ATION, 24B. DATE  S/24/	, טב'	24C. NAME of CEMETERY	r CREMATORY	· 24D.	LOCATION SAUT		ar caunty)	(State)
5A. DATE REC'D B	AUG 21 1970	Pabe	ME OF REGISTRAR  B. E. Jabber M.D.	25C. FUI	VERAL DIRECTO	P Kla	por 638	DRESS ng	mu So





BALTIMORE CITY HEALTH DEPARTMENT

. Burnel Street St

coded to NoH. Exact address unknown.

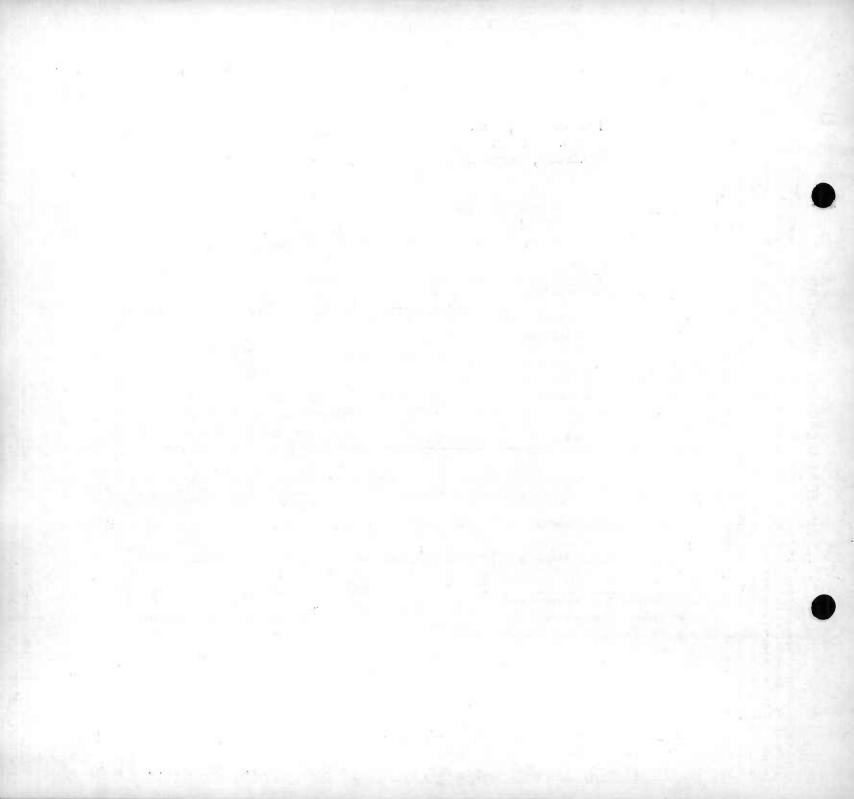
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IMPORTANT DIRECTOR: FUNERAL

VS 150-REV. 1/1/68

4. USUAL RESIDENCE (Where deceased lived If institution; residence below admission) D. INSIDE CITY LIMITS? NO 🗌 If Under 1 Yr. Months: Days If Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IN CERTIFYING CAUSES OF DEATH? (If In Baltimare City, give exact lacation) 19 70 and that in (my) (aur) apinian death accurred an the date 238, DATE SIGNED (City, town, or county) GIOR

M-435 BIRTH NO. Harford 5 70 8309		TE OF DEATH	REG. NO.	70 8309
1. NAME OF DECEASED (Type or Print) MOULTON, BA	BY GIRI	2. DATE AND	HOUR OF DEATH	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	ED DEAD	011		Iulion: residence before admission)
HULL NAME OF HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)		MD. CEC	IL	5700
JOHN HOPKINS HOS	PIME	HARDOWN PORT		E CITY LIMITS?
601 N. BROADWAY		E. STREET AND NUMBER	RT 1	IE3 NO M
BALT. MD		Harross Mor	zonas-to	5P.
FEMALE WHITE WIDOWED	DIVORCED	8. DATE OF BIRTH 9.	AGE (In years birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUS	SINESS OR INDUSTRY	11. BIRTHPLACE (Stole or foreign	country)	12. CITIZEN OF WHAT COUNTRY
-	_	MARYLAND	USA	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	0	
EVENETT MOULTON		EDITH	ROUTE	1 PORT DEPOSIT
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO		FATHER	1	YARY LAW)
18.537.91	CAUSE OF DEATH			APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		0	D	BETWEEN ONSET AND DEATH
(This does not mean the made of dylan en	(A) IMMEDIATE CAU	CONSEQUENCE OF:	JUENMONIA	5 DAYS
heart lailure, asthenia, etc. It means the disease, injury or camplication which caused death.	DOE 10, 0K A3 /	CONSEQUENCE OF:		
ANTECEDENT CAUSES	Due	DENAL OBST	RUCTION	C
DISEASES OR CONDITIONS, il any, giving	(B)	A CONSEQUENCE OF:	700011070	CONGENIMAL
rise to the above couse (A) stating the UNDERLYING CONDITION lost.	(c)			
	(-)/			
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	No	NE		
▼ DISEASE OR CONDITION GIVEN IN PART 1 (A).			-W	***************************************
19A-DATE OF OPERATION 19R CONDITION FOR WHICH	H OFEKATION	YES	OR IP YES, WERE FIN	DINGS CONSIDERED
U 21A. ACCIDENT WAS UNDERLYING 218 PLACE	CE OF INJURY (e.g., in	of chart 21C WHERE DID	(IC In Boltimore C	- JOHNS HOLKINS  Ity, give exact location)
DEATH (notify medical examiner)	rm, foclory, street, offi	ce bldg., INJURY OCCUR?	<b>,</b>	with fire aver incertain
21D-TIME (Month) (Doy) (Year) (Hour) 21E INJI	URY OCCURRED	21F. HOW DID INJUR	OCCUR?	
(APPROX.) While At	Not While			
22. I certify that (1) (this hespital) attended the de		£/10 19	70 to 8	112 1970
that (1) (we) lost saw the deceased alive an	8/12	19 70 and that	In (mv) (our) colnic	n death occurred on the date
and hour and from the causes stated above. (1) (We	e) (dld) <del>(did not)</del> vl	ew the body after death		a-am accouled ou the CGIS
23A. SIGNATURE		,	23	B. DATE SIGNED
than Aflerschia	DEGREE Phys.	ding Med. Sta		8/12/70
230. PHYSICIAM'S NAME (Type)	123	THE JOHNS		HOSPITAL
ALAN R. FLEISCHMA	M.D.  DEGREE  OT CEMETERY OF CREA	601 N.		
24A. BURIAL CREMATION, 24B. DATE 24C. NAME	CEMETERY OF FREA	MATORY 24D NOC		own or Early) (Stole)
Derial 8/14/20 ( Vost	Kellmaha	Emely 6	Done, 1	acil Md
25A, DATE REC'D BY HEALTH DETY 25B, NAME OF RE	GISTRAR	25C. FUNERAL BIRECTOR	1	ADORESS
VS 150-REV. 1/1/68	1.0, /	her Ala	Horand	In ferrivally

	-500 BALTIMORE CITY HEALTH DEPARTMENT 70 83:	10
BII	DIRTH NO. 70 8310 CERTIFICATE OF DEATH REG. NO	LU
1.1	NAME OF DECEASED  12. DATE AND HOUR OF DEATH	
tiy	Hattie Janey	112
3,	S. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	oue odmi
Fi	I COUNT	
H	TULL NAME OF IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  (C. CITY OR TOWN	0.
ы.	D. HASIDE CHY LIMITS?	
	Lutheran Hospital of Vnd, E. STREET AND NUMBER	
	1817 Prosstman St	011
5. :	SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 To 1)	Under 24
	MARRIED NEVER MARRIED 18. DATE OF BIRTH 19. AGE (In years to lost birthday) WIDOWED DIVORCED 4 9 0	rs Mi
104	DA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11) BIOTUBLACE (C. )	AT COLL
5on	and at working me, even a failed!	
13.	PATIENCE MALE	d 2.
	14. MOTHER'S MAIDEN NAME	
15	Jeulah Pate	
(Te:	Wos Decosed Ever in U. S. Armed Forces? es, no or unknown) (III yos, give wor or dotes of service)  16. SOCIAL SECURITY NO.  17. INFORMANT HANDY JANEY ADDRESS	SAN
	NO 216-24-1859 Donald James 1919 Presst	man
	18. 43/91 CAUSE OF DEATH APPROXIMA	TE INTERV
	DISEASE OR CONDITION DIRECTLY	ET AND D
	(This does not meen the mode of dying an (A) IMMEDIATE CAUSE Carely al Lay must be 2 2 hr	O MIN
	heart lailure, asthenia, etc. it means the disease	
	injury of complicollon which coused deoth.)	
	ANTECEDENT CAUSES	
	DISEASES OR CONDITIONS, if any, giving ise to the above cause (A) staling the	*******
	UNDERLYING CONDITION lost. (C)	
		*********
Ö	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
3	DISEASE OR CONDITION GIVEN IN PART 1 (A).	
CERTIFICATION	19A DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION 20A AUTOPSY? (Yes or No.) 20B, IF TES, WERE FINDINGS CONSIDERE IN CERTIFYING CAUSES OF DEATH?	D
CER	21A. ACCIDENT WAS UNDERLING!	
CAL	21A. ACCIDENT WAS UNDERLTING 21B. PLACE OF INJURT (e.g., in or about 21C. WHERE DID home, larm, foctory, street, effice bidg., INJURT OCCUR?	n)
200		
31	(APPROX.)  (Month) (Doy) (Yeor) (Houd 21£ INJURT OCCURRED 21F. HOW DID INJURT OCCUR?  (APPROX.)  While AI T Not While T	
	Work At Work	
	22. I certify that (1) (this hospital) attended the deceased from 8 - 19 19 70 to 8 - 19	19.70
- 1	that (1) (we) lost sow the deceosed olive on 9 19 70 ond that in (my) (our) opinion death occurred	
	and hour and from the couses stated above. (1) (We) (dld) (dld nat) view the body ofter death.	-11 1119
1	23A, SIGNATURE	
	Attending Med. Staff Director Phys.	20
-	23G-PHYSICIAN'S NAME (Ivel DO AR A DISCASE 23D. ADDRESS A LI	
	1730, Ashbuston St. Bultimore MA	2121
24A.	A. BURIAL CREMATION, REMOVAL (Specify) 24B, DATE 24C. NAME of CEMETERY OF CREMATORT 24D. LOCATION (City, town, or county)	(Stote
T		/31010
25A.	A DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	
5 1	AUG 21 1970 3. B. B. F. Jahr. KD KELSON F. H. 1348 CALHOLON -	<b>→</b> T.

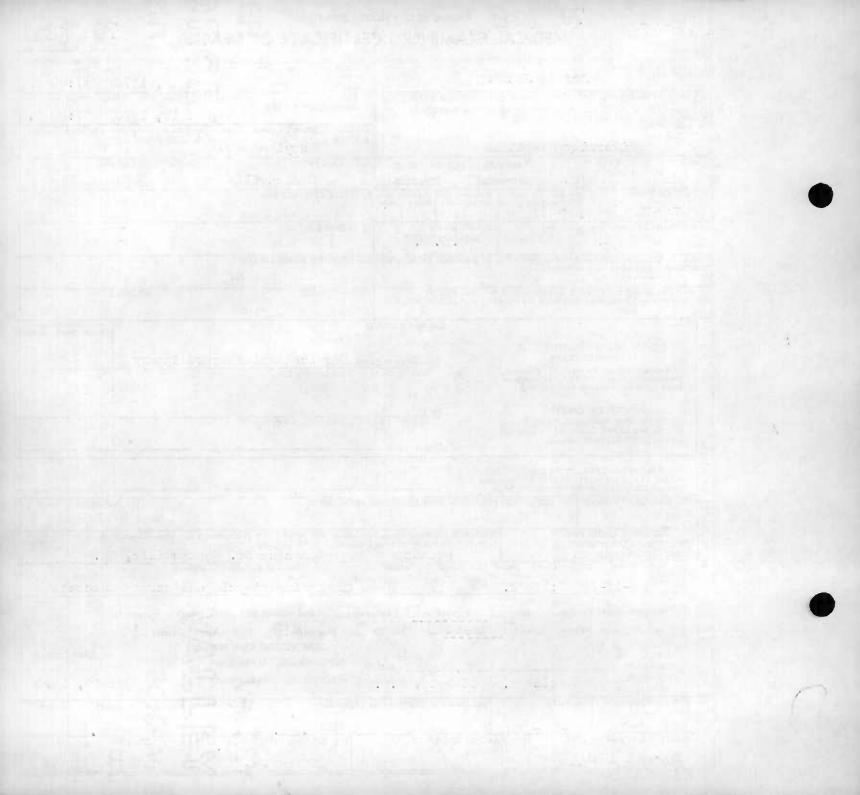


Kelson F.H.

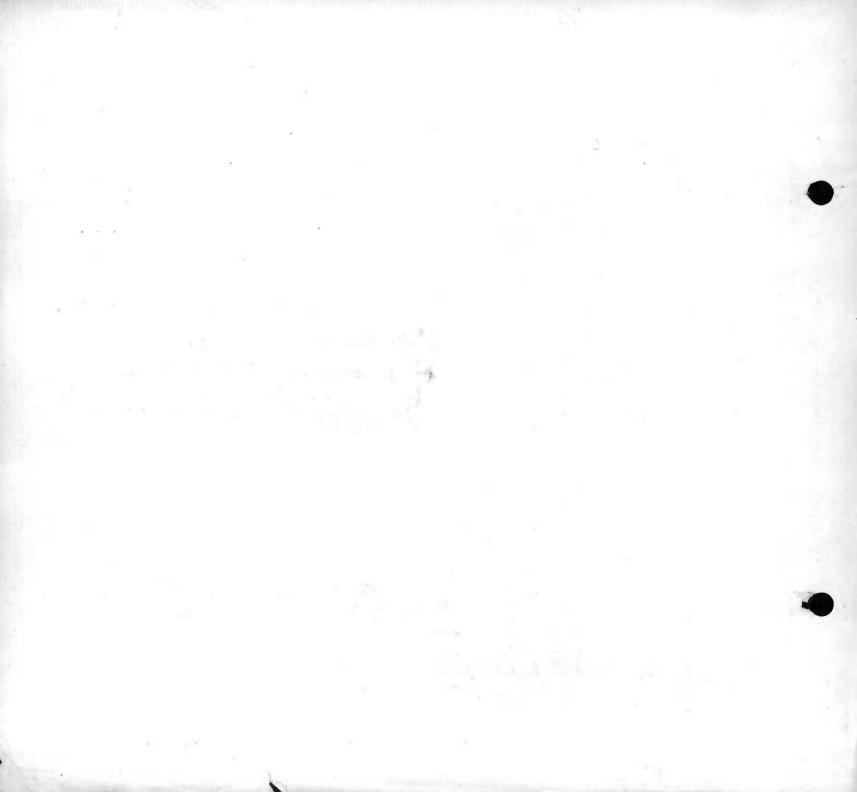
Jaben, M.D.

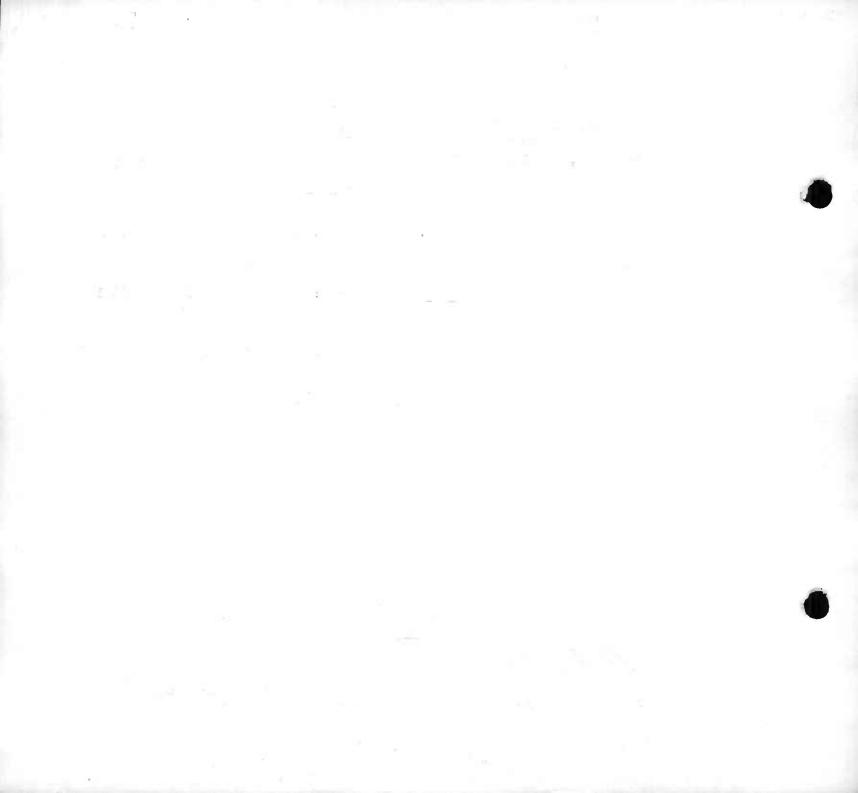
VS 151-REV, 1/1/68

1348 Calhoun Street



O NO 0:		HEALTH DEPARTMENT	
G-420 70 831	2 CERTIFICA	TE OF DEATH REG. NO	70 8312
1. NAME OF DECEASED Hattie Gi	les	2. DATE AND HOUR OF DEATH	м.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	A LISTIAL RESIDENCE (Where deceased lived If	institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN	CIVE STREET	A. STATE Md. B. COUNTY	1603
HOSPITAL OR ADDRESS OR LOCATION)	SINOTION, GIVE STREET	C. CITY OR TOWN D. IN	SIDE CITY LIMITS?
		Balto.	YES NO
// Centry Nursing Home		E. STREET AND NUMBER	
103 N. Paca Street		1025 Mount St.	
	NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years lost bigthday) 69	Months Doys Hours Min.
Female Negroid WIDON  MA USUAL OCCUPATION (Give kind of work 10B, KIN)			12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if refired)	D OF BOSINESS OR INDOSTRI	Md.	
			U.S.A.
13. FATHER'S NAME		Nellie Yoes	
S. Was Deceosed Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dates of serv	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
no		Beatrice Dean 2313	Bryant Ave.
18. 4. 1. 9. 9. 1.	CAUSE OF DEAT		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(This does not meen the mode of dying, heart failure, asthenia, etc. II meens the dise injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, girise to the obove couse (A) stoling UNDERLYING CONDITION lost.	ving the (c)	A CONSEQUENCE OF: ALL OUT	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMIT  V DISEASE OR CONDITION GIVEN IN PART 1 (A).	NAL		
19A. DATE OF OPERATION WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	in or obout 21C. WHERE DID (If in Boltim lines bldg., INJURY OCCUR?	ore City, give exact location)
O 21 D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?	
APPROX.)	While At Work Not While At Work	e N	
22. I certify that (I) (this hospital) attend			3/0/20
	S // /		
that (I) (we) last saw the deceased alive	( ) ( .		pinlan death occurred on the date
ond haur and fram the couses stated above 23A. SIGNATORE	re. (1) (**********************************	view the body ofter deoth.	23B, DATE SIGNED
1 A A A A A A	Atte	ending Med. Staff	EUG PAIL STOTED
cellace of	DEOREE Phy	s. Director - Phys	
NAME (Type)	.0	6615 Rester An	P
Willow) Hoplet	PIE DEGREE		
24A. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	C. NAME of CEMETERY of CR	EMATORY 24D. LOCATION	(City, town, or county) (State)
Burial 8-20-70	Mt. Auburn C		vid.
ALIC 21 1970 Red E. 1258 NA	AL OF REGISTRAR	Kelson FH 1348	ADDRESS
VS 150-REV. 1/1/6B		negotive 1940	alhoun St.





VS 150-REV. 1/1/68

IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV, 1/1/68

IMPORTANT DIRECTOR: FUNERAL approved

VS 150-REV. 1/1/68

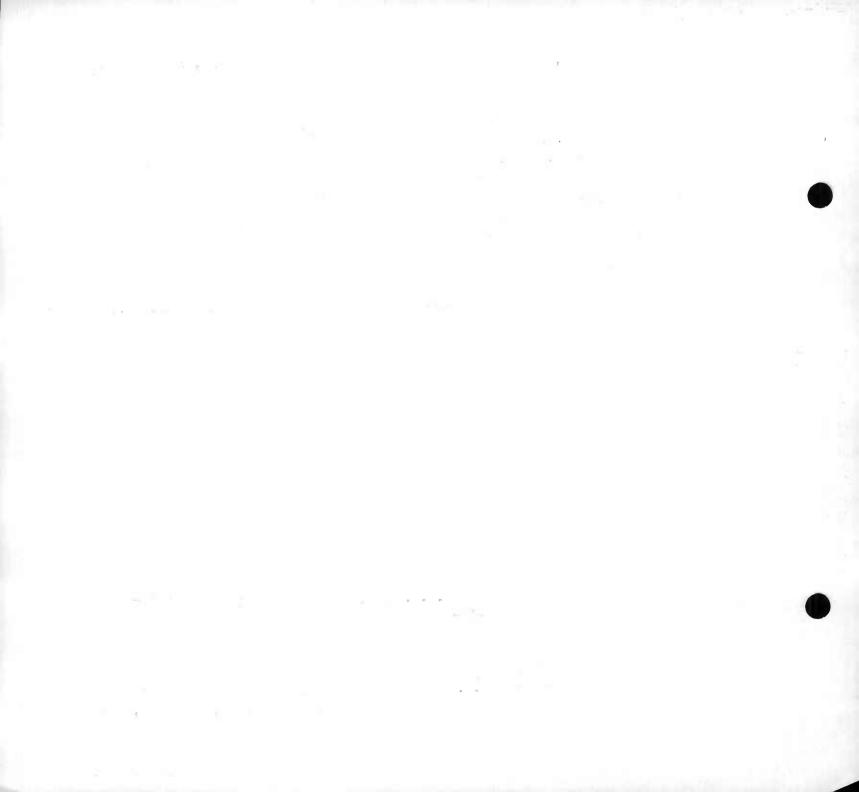
BALTIMORE CITY HEALTH DEPARTMENT 2. DATE AND HOUR OF DEATH 1:30 AM 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE 8. COUNTY D. INSIDE CITY LIMITS? YES M NO P If Under 1 Y& Months! Doys Hours Min. 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS Mrs.Louise Kent- Roanoke, Virginia APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20B IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exoct location) and that in (my) (aur) opinian death occurred an the date 23B, DATE SIGNED (City, town, or county) (State) Brun swobeit. Md.

Brunswick Md 21716

E-56	3 70	8317	4	HEALTH DEPARTMENT	REG. NO	70	8317	
INAME OF DEC	FASED	-	CERTIFICA					
(Type or Print)		reis Em	mant		ND HOUR OF DEATH		10.70	20
3. PLACE IN BAL	TIMORE, MARYLAND, W			4. USUAL RESIDENCE (Wh	ugust 17, 19	70	12:30 A	L.M. M.
		THE TRUIT	SINGLE PLAD	A. STATE B. COU	NTY	nstitution; t	residence belore	odmission)
FULL NAME OF	ADDRESS OR LOCK	AL OR INSTIT	UTION, GIVE STREET	Maryland			80	4
NOTITUTION				C. CITY OR TOWN	D. INS	IDE CITY L	IMITS?	
1000	TP (1) (1)			Baltimore		YES 4	NO [	]
2248	E. Chase St	• •		E. STREET AND NUMBER				
				2245 E. Cha	se St.,			
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Unde	Doys Hours	der 24 Hrs. Min.
Female	White	WIDOWED		Aug. 28, 1899	70			
10A. USUAL OCCL	JPATION (Give kind of work working tile, even if retired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or for	eign country)	12. CIT	ZEN OF WHAT	COUNTRY?
Seamstres		Clot	ning	Mamerland		-	TT CL A	
13. FATHER'S NAM		0100	ung	Maryland 14. MOTHER'S MAIDEN NA	AAE		U.S.A.	
	Preis			Elizabeth F	Caiser			
(Yes, no or unknown)	Ever in U. S. Armed For (If yes, give wor or dote	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	
No			216-03-2342 A	Mrs. Rose Mea	ade 2245 E.	Chase	St.,	
18. 7 9	291		CAUSE OF DEATH				APPROXIMATE	INTERVAL
DISEAS	E OR CONDITION DI	ECTIV				- 1	BETWEEN ONSET	
	LEADING TO DEATH			cerebre-vasc	ular acciden	it 4	weeks	
heort failure,	al mean the mode of asthenia, etc. It means plication which caused	the discose,	(A) IMMEDIATE CAU DUE TO, OR AS	A CONSEQUENCE OF:				
A	NTECEDENT CAUSES		arter	riescleretic ce	rebre-vascul	ar	several	vrs.
	R CONDITIONS, II	any siving	(B)		isease			J
rise to the	abave couse (A) CONDITION last.	stating the	(C)	~ CONSEQUENCE OF: ~				
OTHER SIGNIFI	CANT CONDITIONS COIL BUT NOT RELATED TO THE DIDDITION GIVEN IN PAR	E TERMINAL	anemia	a, secondary			several	wenths
OTHER SIGNIFI TO THE DEATH DISEASE OR CO 19A. DATE OF	OPERATION 198 CON WAS PERF	DITION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes or N	ON 208 IF YES, WERE IN CERTIFYING CA	FINDINGS USES OF I	CONSIDERED DEATH?	
OR CONTRIBIL	T WAS UNDERLYING TING CAUSE OF	21 B. ham etc.)	PLACE OF INJURY (e.g., in e, form, foctory, street, aff	or obout 21 C. WHERE DID	(II In Bollimor	e City, giv	e exoct location)	
DEATH (notify	(Month) (Doy) (Year)	(Hour) 21E.	INJURY OCCURRED	21F. HOW DID IN	URY OCCUR?			
OF INJURY		Whi	e At Not While					
		Wor						
22. I certify	that (1) (this hospital	attended th	e necensed HOW	)- 3	19 68 to 8	17-	1	970
that (i) (we)	last saw the decease	d alive an	August 16	1970and th	nat In (my) (aur) apli	nlan deat	th accurred or	n the dote
and hour and	fram the causes stat	ed abave. (1)	(We) (did) (did na+) vi	ew the bady after death.				1000000
23A. SIGNATUI		1		the body direct dedills		23B DAT	E SIGNED	
1	( Burth	6	Atter	nding 7 Med.	Staff Phys.	8-19		
23C.PHTSICIAI	VS	( 9	GEGREE Phys.	3D. ADDRESS	Phys. L.J		1.7	
NAME (Ty	pe)							
	E. Ellswor	th Cook	M.D. GEGREE	2431 Maryl	and Ave.			
24A. BURIAL CREA REMOVAL (S	AATION, 1248, DATE	24C. NA	ME of CEMETERY OF CRE	MATORY 24D. L	OCATION (Ci	ly, lown, o	r county)	(Stote)
Burial	Aug. 20	, 1970	Baltimore No	ational Cemeter	77 D-7	++	164	
25A. DATE REC'D		258. NAME O	F REGISTRAR	25C. FUNERAL DIRECTOR	y <u>Bal</u>	LIMOT	e, Md.	
AUG 21 19	270 Pober E.	Farber 1			eral Home 42	210 Be		aad.
VS 150-REV. 1/1/6								

parties to age

42-01	-64 dib	H-650 70 8318 SEPTIMORE CITY HEALTH DEPARTMENT 70 8318
	20020	BIRTH NO. 70 8318 CERTIFICATE OF DEATH REG. NO. 70 8318
spital and of death Deceased ce on the cath. Such	I.NAME OF DECEASED (Type or Print)  HORNE, ARTHUR  2. DATE AND HOUR OF DEATH AUGUST 17, 1970	
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, II institution: residence before admissingly and the state of th	
	a hospit cause of se; (5) De indance to death	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET Maryland  A. STATE B. COUNTY  Maryland  C. CITY OR TOWN  D. INSIDE CITY LIMITS?
	- 3 0	BALTIMORE CITY HOSPITALS Baltimore
	ring d car	4940 Eastern Avenue E. STREET AND NUMBER
	de d	Baltimore, Maryland, 21224 6333 Boston Street 21224
	trib min gulo sed	5. SEX 6. RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 H lost birthdoy) Months; Doys Hours; Min.
	occur ontrib ermin regul	Male   White   WIDOWED   DIVORCED   8-12-02   68   ! !
	th n	10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote at loreign country)  12. CITIZEN OF WHAT COUNT
	P D D D	Machine operator Crwon Cork & Seal North Carolina US
	f d was	13. FATHER'S NAME
느		John O. Horne Mathilda Thompson
ANT		15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)  16. SOCIAL SECURITY NO.  17. INFORMANT BCH Records
E	kind kind deat deat inal	No SECURITY NO. 246-18-8135 BCH Records 4949 Eastern Ave. Balto. Md., 21224
ORT,	if if it is any dark	18. APPROXIMATE INTERVAL
0_	9 90 6	DISEASE OR CONDITION DIRECTLY
H W	ne de la constante de la const	LEADING TO DEATH  (A) IMMEDIATE CAUSE OF THE LOND TO THE ORY
in .	7 . 3 0 F B	(This does not mean the mode at dying, e.g., heart failure, asthenia, etc. 11 means the disease,
Examiner:	ner act act	injury or camplication which caused death.)
XX D	Errone	ANTECEDENT CAUSES (B) Iron Ungenin Co. of
***	exam 3) A n wh in re	DISEASES OR CONDITIONS, it any, giving DUE TO, OR AS A CONSEQUENCE OF:
Medical	0 - 0 - 5	UNDERLYING CONDITION last. (C)
di di	edical burns; hysicion was remain	
	E . DE . 5	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL O DISEASE OR CONDITION GIVEN IN PART 1 (A)
by ER	a m ody he p sicia	
7	chi Boog the ysi	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION NO 10B 19B. CONSIDERED IN CERTIFYING CAUSES OF DEATH?
FU	the all by (2) ere o ph	III In politimore City, give exact location
9	55.45	OR CONTRIBUTING   CAUSE OF   home, farm, foctory, street affice bldg., INJURY OCCUR?  DEATH (natify medical examiner)  21D.TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURED   21F. HOW DID INJURY OCCUR?  While At
Rel	# # 5 > C B	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
j.Lq	9 2 5 2 2	While At Not While At Work
	he he hay ny ny ny ny ny ny ny ny ny ny ny ny ny	22 Langitus des (1) (Atta to rete 1) and 1 to 1 De Que a 0 17
U	d 0 0 . 6	8_17_
	0 8 7 7	ond haur and from the causes stated above. (1) (We) (did) (did not) view the bady after death.
	sased dent cospit deat	23A, SIGNATURE () (17 (17) (did) (did ndf) View the body after death.
	3 6.5 5 6	A A A A A A A A A A A A A A A A A A A
		23C. PHYSICIAN'S NAME (Type Leonard Feingold M.D. 23D. ADDRESS Baltimore City Hospitals
	was range And a prior	23C. PHYSICIAN'S Leonard Feingold M.D. 23D. ADDRESS Baltimore City Hospitals  LEONARD ENGRED MD 1222
	# C ? # #	24A RUPIAL CREMATION 24P DATE   242 NAME   242 NAME   242 NAME
	E-1000-	REMOVAL (Specify)
	This certification of the body shows: (1) was D.O. was deceased written a	25A. DATE REC'D BY HEALTH DEET. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
	sh the we	AUG 21 1970 Rese E. Jake, M.D. Ullrich Funeral Home, Dundalk, Md.
		VS 150-REV. 1/1/6B



	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on find disposition is made.
ORTANT	assistant if death or if the direct or conny kind; (4) Undeterned death was in reflance on the decession in find distriction is
FUNERAL DIRECTOR: IMPORTANT	il examiner or his il examiner. Also, i; (3) A fracture of a ian who pronounce in regular attences in regular attences.
FUNERAL I	I by the chief medic spital by a medica vrey. (2) Body burns: where the physic ) No physician was
•	must be approved released to the horaccident of any nat a hospital (except to death); and (except and must be obtained.
	the body was shows: (1) An a was D.O.A. at deceased prion

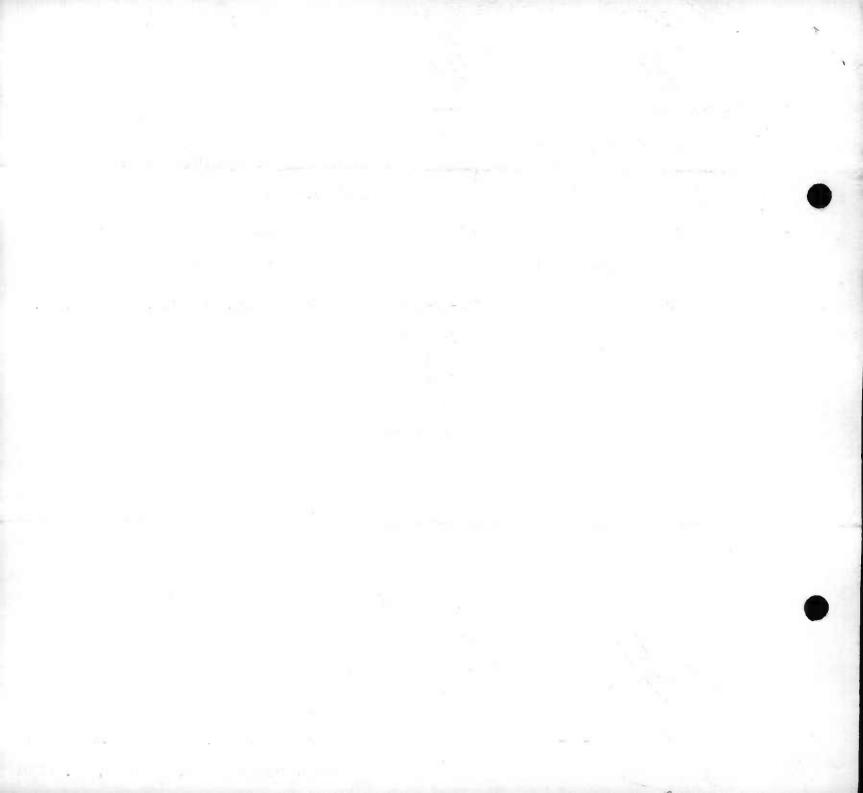
1	. 511	חמי	0040	BALTIMORE CIT	Y HEALTH DEPARTMENT	./	120	
	H NO.	70	8319		TE OF DEATH	REG. NO.	.70	8319
(Тур	AME OF DECEASE Print RAN	180	JAME	s A.	8	AND HOUR OF DEAT	- 11	99 A W
3. P	LACE IN BALTIMO	RE, MARYLAND	, WHERE PROM	OUNCED DEAD	4. USUAL RESIDENCE (W	here deceased lived. !	institution; rosider	nce before admission)
FUL HOS	L NAME OF	(IF NOT IN HO ADDRESS OR L	SPITAL OR INS	TITUTION, GIVE STREET		ALTIMORE	SIDE CITY LIMITS	300
3	HURCH 100 N. B	HONE	HOSP	PITAL	BALTINOR E. STREET AND NUMBER	E	YES _	NOU
		MORE,		AND 21231	BOX 377	NORTH	POINT	ROAD
5. SE	X 6. R.	CE	7. MARRIE	D NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In vegrs	II Under 1 Ye	4 10 1 01 11
104.	MALE W	ON (Give kind of	WIDOWE		3-12-06	last birthday	Months Doys	Hours Min.
done	during most of workin	g life, even II relir RK	BETH	LEHEM STEEL	MARYLA			RICA
13. F.	ATHER'S NAME				14. MOTHER'S MAIDEN N	AAAE G		
15. W	JAMES	PAMB	E	11/200	ANKNO	WN DEC	EASED)	
(Tes.	no of unknown) (II y	es, give wor of	dotes of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT MARGO	RCTD.	ÁDI	DRESS 21114
UN	KNOWN	0		213-09-0113	-WHEE F	PAMED 37	7 NORTH F	POINT PO
1	DISEASE OR	CONDITION	DIRECTLY	CAUSE OF DEAT			APP	ROXIMATE INTERVAL
	This does not me	ING TO DEA		(A) IMMEDIATE CA		el Embo	0/1 2	Hours
- 11	heart failure, asthe	nia, elc. It me	one the disease	DUE TO, OR AS	A CONSEQUENCE OF:	***************************************		***************************************
	ANTE	CEDENT CAU	SES	(0)	Myocard	ial Inta	rct 2	Hours
1	DISEASES OR C	ONDITIONS,	if any, givin	g DUE TO, OR AS	A CONSEQUENCE OF:			1100152
i	ise Ia the about The Indiana I	nve couse ( NDITION last	A) slaling th	(C)	Diabetes	: Mell.	440	
+		Ш		(0)				
NOL	THER SIGNIFICANT	CONDITIONS	O THE TERMINAL	i e				
CERTIFICATION	A-DATE OF OPER	ATION 198. C		WHICH OPERATION	20A. AUTOPSY? (Yes or N	(a) 20B, IF YES, WER	E FINDINGS CON AUSES OF DEATI	SIDERED
_ 0	TA- ACCIDENT WAR	S UNDERLYING	G 21	B. PLACE OF INJURY (e.g., iome, form, foctory, street, o	n or obout 27°C, WHERE DID	(II in Boltim	ore City, give exec	i location)
2	D. TIME (Mon	th) (Doy) (Ye		E INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?		
2 1	APPROX.)			/hile At   No! While At Work	e r			
2	2. I caretty shae (	(I) (this boson		the deceased from	8/18	20	0-/16=	
	hat (I) (we) last					19 <u>70</u> ta	8/18	19_ <i></i>
					19ond t	hot in (my) (our) of	pinion deoth occ	curred an the date
23	A. SIGNATURE	the causes s	tated abave.	(I) (We) (did) (did nat) v	lew the body ofter death			
2	T N	1	1	Atte	nding Med.	Sault I	23 B. DATE SIGI	NED
22	C. PHYSICIAN'S	v-pro	lung	DEGREE Phy	L Director	Staff Phys.	8/10	8/70
	NAME (Type)	. ~~~~			23D. ADDRESS		/	/
	LAN AM	UDERSO		DEGREE	CHURCH HO	ME+HOSP.	BALTIMO	ORE MD
24A.	BURIAL CREMATIC	N, 24B, DATE	1 -	AME of CEMETERY of CRE	MATORY 24D.	LOCATION	City, town, or coun	(Stote)
13	URIAL	8 21	70 0	AK LAWN COL	letery 13	ALTO. Co. 1	MD-	
25A. I	DATE REC'D BY HI	ALTH DEPT.		OF REGISTRAR	25C. FUNERAL DIRECTO	R		DDRESS /
A	110 0 4 400	(10)	0 7 0	4 . 6	111. 14	- 11		
/5 15	0-REV. 1/1/68	Missey	3 & Faile	u, M.D.	UCCRICH FOR	DERALHOME,	DUNDA	ILK, MD-



IMPORTANT

DIRECTOR:

FUNERAL



2-520 70 8321 BALTIMORE CI CERTIFIC.	ATE OF DEATH X REG. NO.	
BIRTH NO	ATE OF DEATH AREG. NO	TO GOLT
I. NAME OF DECEASED	12, DATE AND HOUR OF DEAT	TH Passible
Type or Printl	NE (FX) 8-17-70	211/2
William A. Lyons () 70 . Eug .	4. USUAL RESIDENCE (Where deceased lived, If	f institution: residence before admission)
S. PEACE IN BALLIMONS, MARIEAND, WHERE I RONGONCED DEAD	A. STATE B. COUNTY	11-17
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Kentucky Jefferson	1-15
HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION		NSIDE CITY LIMITS?
Mount Saint Joseph	Louisville	YES NO
4403 Frederick Avenue	E. STREET AND NUMBER	
	1609 Poplar Level Road	
SEX 6. RACE 7. MARRIED NEVER MARRIED	iosi bitingoyi	Months Doys Hours Min.
M White WIDOWED DIVORCED		
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST	RY 11, BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)  Teaching  Secondary Educat:	ion Massachusetts	USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	0011
William C. Lyons	Catharine McAuliffe	ADDRECC
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)  16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	Philip L. Dougherty 44	09 Frederick Ave
18,1 CAUSE OF DEA		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		
LEADING TO DEATH	AUSE COFONARY Thrombo	214
(This does not mean the mode of dying, e.g., DUETO, OR A	AUSE COPONARY THROMBO	
injury or complication which caused death.)		
ANTECEDENT CAUSES	V.D	
DISEASES OR CONDITIONS, if any, giving DUE TO, OR	V. D AS A CONSEQUENCE OF:	
rise to the above couse (A) sloling the	Gerteusiche Divease	
UNDERLYING CONDITION last. (C)	CITICOL OF THE COLOR	
	K	
,	7	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
☐ TO THE DEATH BUT NOT RELATED TO THE TERMINAL ✓ DISEASE OR CONDITION GIVEN IN PART 1 (A).	20A AHTORSY2 (Yee or No) 20R IE VES WE	DE FINDINGS CONSIDERED
☐ TO THE DEATH BUT NOT RELATED TO THE TERMINAL  ✓ DISEASE OR CONDITION GIVEN IN PART 1 (A).	20A. AUTOPSY? (Yes or No) 20B. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
O THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION WAS PERFORMED  WAS PERFORMED	100	
O INC DEATH BUT NOT RELATED TO THE TERMINAL  DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A.DATE OF OPERATION  WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF LOTTING Comm., foctory, street, home, form, foctory, street,	100	RE FINDINGS CONSIDERED CAUSES OF DEATH?
O THE DEATH BUT NOT RELATED TO THE TERMINAL  DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION  19B. CONDITION FOR WHICH OPERATION  WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF  DEATH (notify medical examiner)  21B. PLACE OF INJURY (e., home, form, factory, street, etc.)	g, in or obout 21 C. WHERE DID (If in Boltin office bldg., INJURY OCCUR?	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A.DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e., home, form, foctory, street, etc.)  21D.TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED	g., in or obout 21C. WHERE DID (If in Boltin office bldg., INJURY OCCUR?	
OR CONTRIBUTING CAUSE OF  DEATH (notify medical examined)  TO THE DEATH BUT NOT RELATED TO THE TERMINAL  DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A.DATE OF OPERATION  WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING DATE OF INJURY (e, home, form, foctory, street, etc.)  DEATH (notify medical examined)  21D.TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	g., in or obout 21C. WHERE DID (If in Boltin office bldg., INJURY OCCUR?	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour)  21E. INJURY OCCURRED  While At Not Work	g, in or about 21 C. WHERE DID (If in Boltin office bidg., INJURY OCCUR?)  21 F. HOW DID INJURY OCCUR?	more City, give exact location)
OF CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D.TIME (Month) (Doy) (Year) (Hour)  21E. INJURY OCCURRED  While At Not Work  22. 1 certify that (I) (this haspital) attended the degrased fram	JO J., in or about 21 C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?	more City, give exact location)
OF CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D.TIME (Month) (Doy) (Year) (Hour)  21D.TIME (Month) (Doy) (Year) (Hour)  21E. INJURY OCCURRED  While At Not Work  22. I certify that (I) (this haspital) attended the deceased fram that (I) (we) last saw the deceased alive an	// in or about 21 C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  // hile	more City, give exact location)  19 apinian death occurred anythe date
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A_DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21B. PLACE OF INJURY (e.g.) bome, form, foctory, street, etc.)  21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)  While At Not Work At Work  22. I certify that (I) (this haspital) attended the degrased fram.	// in or about 21 C. WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  // hile	apinian death occurred an the date
DISEASE OR CONDITION GIVEN IN PART 1 (A).  179A.DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D.TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Work At Work  22. I certify that (I) (this haspital) attended the deceased fram that (I) (we) last saw the deceased alive an and haur and fram the causes stated above. (I) (We) (did) (did nate 23A. SIGNATURE	while 21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19 ta	apinian death occurred an the date of the last of the
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DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A.DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D.TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.)  22. 1 certify that (1) (this haspital) attended the degreesed fram and haur and fram the causes stated abave. (1) (We) (did) (did nate 23A. SIGNATURE	// (If in Boltin office bldg., INJURY OCCUR?)  21F. HOW DID INJURY OCCUR?  // hile	apinian death occurred an the date of the last of the
DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A_DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Not Work  21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Work  22. I certify that (I) (this haspital) attended the deceased fram and haur and fram the causes stated above. (I) (We) (did) (did nate 23A. SIGNATURE	// (If in Boltin office bldg., INJURY OCCUR?)  21F. HOW DID INJURY OCCUR?  // hile	apinian death occurred an the date of the last of the
DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A_DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Doy) (Year) (Hour)   21E. INJURY OCCURRED OF INJURY (APPROX.)  22. I certify that (I) (this haspital) attended the deceased fram and haur and fram the causes stated abave. (I) (We) (did) (did nate 23A. SIGNATURE  23C. PHYSICIAN'S   Affredo Aldave We D.	chile 21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  22F. HOW DID INJURY OCCUR?  23D. ADDRESS  23D. ADDRESS  23D. ADDRESS  23D. ADDRESS  23D. ADDRESS  24 / Extraction of the physical occurrence of the physical occurrence of the physical occurrence of the physical occurrence of the physical occurrence of the physical occurrence of the physical occurrence of the physical occurrence of the physical occurrence of the physical occurrence of the physical occurrence of the physical occurrence of the physical occurrence of the physical occurrence of the physical occurrence of the physical occurrence of the physical occurrence occurrence of the physical occurrence occu	apinian death occurred an the date  Nortis Rigidity 9.49  23B. DATE SIGNED  23B. DATE SIGNED
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DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A.DATE OF OPERATION OR SPERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)  21D.TIME (Month) (Doy) (Yeor) (Hour) OF INJURY OCCURRED OF INJURY (APPROX.)  22. I certify that (I) (this haspital) attended the deceased fram that (I) (we) last saw the deceased alive an and haur and fram the causes stated abave. (I) (We) (did) (did not 23A. SIGNATURE  23C.PHYSICIAN'S NAME (Type) A feedo Adave We D.  24A. BURIAL CREMATION, 24B. DATE 24C.NAME of CEMETERY of REMOVAL (Specify)	21F. HOW DID INJURY OCCUR?    Altending   Med. Director   Phys.     23D. ADDRESS   Phys.     23D. ADDRESS   Phys.     24D. LOCATION   Phys.     24D.	apinian death occurred an the date  Nortis Rigidity 9.49  23B. DATE SIGNED  23B. DATE SIGNED
DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A.DATE OF OPERATION  19A.DATE OF OPERATION  21A. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF  DEATH (notify medical examiner)  21D.TIME (Month) (Doy) (Year) (Hour)  21D.TIME (Month) (Doy) (Year) (Hour)  22L. I certify that (I) (this haspital) attended the degeased fram that (I) (we) last saw the deceased alive an and haur and fram the causes stated abave. (I) (We) (did) (did not 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type) Affeedo Adave We D.  24A OURIAL CREMATION, 24B. DATE  RIMOVAL (Specify)  8-20-70 (A VERY)	Attending Med. Director Shaff Phys.    23D. ADDRESS   CREMATORY   24D. LOCATION   24D. LOCATIO	apinian death occurred an the date of the signal of the si



5 101	BALTIMORE CITY	HEALTH DEPARTMENT	MO 5000
0-620 70 832 BIRTH NO. 70	CERTIFICA	TE OF DEATH REG. NO.	
1. NAME OF DECEASED		2. DATE AND HOUR OF DEA	ATH
(Type or Print) Earcel S. Shea	CS	August 18, 1	.970 1 9 P. M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	DNOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. A. STATE B. COUNTY	
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)	STITUTION, GIVE STREET	Maryland	INSIDE CITY LIMITS?
Bon Secours H	oanital	Baltinore	YES NO
34 2025 W. Fayet		E. STREET AND NUMBER	1237
7 2025 M. Bayer		1826 DOVER ST	
5. SEX   6. RACE   7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
	WED DIVORCED	11-7-24 lost birthday)	Months Doys Haurs Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	o Gas Station	decesso & Winginia	TI E A
Manager Ess	o das poacton	Cascale Virginia	U.S.A.
Edward Richard Sh	1 6. SOCIAL	Rose wilkins	ADDRESS
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of serv	SECURITY NO.		
yes V.J. 11	235-22-529	Gladys Shears - 1826	DOVER 21.
18. / 6.2 / 1	CAUSE OF DEAT	Н	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY			
LEADING TO DEATH	(A) IMMEDIATE CAL	ISE Terminal Cancer of a consequence of:	lung
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the disc	e.g., DUE TO, OR AS	A CONSEQUENCE OF:	8
injury or complication which caused death.)			
ANTECEDENT CAUSES	(R)		
DISEASES OR CONDITIONS, if any, gi	viii g	A CONSEQUENCE OF:	
rise to the above cause (A) stating UNDERLYING CONDITION last.	(C)		(D) (2) (d) (d)
	(0/		
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG		
TO THE DEATH BUT NOT RELATED TO THE TERMI    DISEASE OR CONDITION GIVEN IN PART 1 (A).			
	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WIN CERTIFYING	ERE FINDINGS CONSIDERED
198. CONDITION WAS PERFORMED		NO IN CERTIFING	CAUSES OF DEATH:
O 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, factory, street, o etc.)		imore City, give exact location)
U	21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
S OF INJURY	While At Not While		
(APPROX.)	Wark At Wark		0.45
22. 1 certify that (A) (this haspital) attend		8-10 19 70 ta	8-1/- 19/0
that (Å) (we) last saw the deceased alive	an 8-17	1970 and that In(n)() (aur)	apinian death accurred an the date
and have and from the causes stated above	e. (4) (We) (did) (4 1/4 / 4/4)	riew the bady after death.	
23A. SIGNATURE			23B, DATE SIGNED
Churtei loui	///	ending Med. Staff	8/20/70
23C.PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS	1 2 1 2
NAME (Type)	a. v.s	St Agnes Hospital	OPD
24A. BURIAL CREMATION, 14B. DATE REMOVAL (Specify)	C. NAME of CEMETERY OF CR		(City, tawn, or county) (Stote)
	western Jemet	ery Edmondson	ve. Balto. M.
	ME OF REGISTRAR	25C, FUNERAL DIRECTOR	ADDRESS
AUG 21 1970 Blend E. Park	y MA.	KR USE FUNER L HOME	12105.CharlesSt.

- 1 -

1)

20 0	BALTIMORE CITY	HEALTH DEPARTMENT		
8 BIRTH NO.  I, NAME OF DECEASED	< A 4	TE OF DEATH	REG. NO	70 8323
(Type or Print) RICHARDSON, MA	RY E	2. DATE AN	D HOUR OF DEATH	1 /2 1 5 0
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived If in-	1 11-45 A M
FULL NAME OF (IF NOT IN HOSPITAL OR II HOSPITAL OR ADDRESS OR LOCATION)		ILV SIVIE OF COOM	ALT, MORE	1306
SINAI HOSPITAL OF BA	LTIMORE, INC	BALTIMORE E. STREET AND NUMBER		E CITY LIMITS?
12		3333 BEEC	H AVE.	# 11
5. SEX 6. RACE 7. MARI	RIED NEVER MARRIED		AGE (In	If Under 1 Yr., If Under 24 Hrs.
FEMALE WHITE WIDO	WED DIVORCED	7/23/00	ost birthdoyl	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIN done during flost of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or foreign	an country)	12 CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	+0< <b>2</b> _	14. MOTHER'S MAIDEN NAM Elizabeth		wartz
5. Wes Deceased Ever in U. S. Armed Farrer?	11.6 50.00.01	17. INFORMANT	2 (1/1)	
(Yes, ne or funknown) (If yes, give wor or dotes of servi	218-18-3697A	Robert Rich	ardson	ADDRESS
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A)IMMEDIATE CAU	SE CARDIO RESPIR	ATARY ARE	sect 25 min
(This does not meon the made of dying, heart failure, osthenio, etc. It meons the dise	e.g., DUE TO, OR AS	CONSEQUENCE OF:	7.7.7.	
injury at camplication which caused death.)				
ANTECEDENT CAUSES	ACUT	E INFERIOR WA	ALL MYOCAR	DIAN 2 DOME
DISEASES OR CONDITIONS, if any, give	ving DUE TO, OR AS	A CONSEQUENCE OF:	INFARC	DAV
use to the above cause (A) stating UNDERLYING CONDITION last.	ine		(,,,,,,,,	
18	(c)	***************	************************	******
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	VG 110v 2	Ca 20 0		K
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMING DISEASE OR CONDITION GIVEN IN PART 1 (A).	IAL HIT	ER TENSION		o years
19A. DATE OF OPERATION 19B. CONDITION FOR SERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B, IF YES, WERE FIN	DINGS CONSIDERED
U 21A. ACCIDENT WAS LINDERLYING TO	21B. PLACE OF INJURY (e.g., in	or about 21 C. WHERE DID	(If Im Boltiman C	70.
OR CONTRIBUTING CAUSE OF  DEATH (notify medical examined)	home, form, foctory, street, offi elc.)	ce bldg. INJURY OCCUR?	lit in Bollimore C	City, give exoct location)
21D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.)	21E INJURY OCCURRED While AI Work Not While Work	21F. HOW DID INJU	RY OCCUR?	
22. I certify that (I) (this hospital) attende			N 3	
that (I) (we) lost saw the deceased alive of		1/4/19 7A and that	In (my) (que) on la la	8/16/19 70 in death occurred on the date
and have and from the couses stated obave	a. (I) (We) (did) (did not) vi	aw sha hadu afsaa daad	() (-0.) opinio	decin occorred on the date
23A. SIGNATURE		ew the body offer death.	100	D DATE CONTRO
Vizhi Atirha Nohan,	Aften Phys.	ding Med. Si	off S	B. DATE SIGNED
23C. PHYSICIAN'S NAME (Type)		SD. ADDRESS SINAI HOS	A 1 = 4 .	BALTIMORE, INC.
4A. BURIAL CREMATION, 24B. DATE 24C	NAME OF CEMETERY OF CREA	MATORY 24D, LOC		
BUYIZI 8-22-70/	11 11	11/2	1/2 //	town, or county) (Stote)
	E OF REGISTRAN	24C. FUNERAL DIRECTOR	001511111	ADDRESS)
AUG 21 1970 Robert E. Ja	Bey M.D.	Burger Fun	eval Hom	1e BeltaIn1

K-453	70	3324		HEALTH DEPARTMENT	REG. NO	70 8324
BIRTH NO.  1. NAME OF DEC	CEASED		GERTITICA		ND HOUR OF DEATH	
trype of think	RAYMOND	TURN ER	KLEEMAN	AIIG	UST 15. 197	0   6:15 P
2 39	THE ACT IN HOSPIN ADDRESS OR LOCA STEPRANCE ADMINISTRATION OF THE PARTY ALL TIMES OF THE PARTY O	A OR NSHI ATION) Lstration Bouley	on Hospital	Maryland c. City Or Town Baltimore E. STREET AND NUMBER 1318 West 40tl	ne deceosed lived. If i	SIDE CITY LIMITS?  YES NO
S. SEX	6. RACE	7. MARRIED		8. DATE OF BIRTH		
Male	Caucasian	WIDOWED	DIVORCED	10-5-95	9. AGE (in years lost birthdoy) 74	Il Under 1 Yr. If Under 24 Hrs Months: Doys Hours Min.
done during most of Plumber	Working life, even if retired)	108. KINO OF	BUSINESS OR INOUSTRY	11. BIRTHPLACE (Stote or fore Arlington, Mar	34.	U. S. A.
3. FATHER'S NA	ME	1		14. MOTHER'S MAIDEN NA		U. D. A.
Augustus				Elizabeth Turn	ner	
Yes, no or unknown	Ever in U. S. Armed For Officers, give wor or dote World War Or		SECURITY NO.		ospital Reco	
18. 21 41	MOLITA MEL OF	ie.	217-09-8553 CAUSE OF DEATH	Baltimore, Mar	ATSUG 21518	
Olse A:	SE OR CONDITION DII LEADING TO DEATH not meon the mode of osthenio, etc. It means	dying, e.g., the diseose,	(A)IMMEDIATE CAU	SE POSSTBLE PULA	ONARY EMBOI	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  1 Hr
injuly of con	aplication which coused ANTECEDENT CAUSES	death.)	RUPTURI	ED ABDOMINAL AOR	TIC ANEURYS	SM
DISEASES O	OR CONDITIONS, if a obove cause (A) CONDITION lost	ony, giving stoting the	RENAL F	E LEAKAGE OF GRA A CONSEQUENCE OF:		-ACUTE 3 days
	11			Company of Company of Com-		
E TO THE DEAT	IL ICANT CONDITIONS COI H BUT NOT RELATED TO TH ONDITION GIVEN IN PAR	IE TERMINAL		CE OF ABDOMINAL		
18-04 TE OF	OPERATION 198 CON WAS PERF	DITION FOR VORMED	AORTA & SHOCK		20B. IF YES, WERE IN CERTIFYING GA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBU	IT WAS UNDERLYING TING CAUSE OF medical examined	hom etc.)	e, form, toctory, sheet, oil	or obout 21 C. WHERE OID INJURY OCCUR?	(If In Bollimor	e City, give exact location)
21D. TIME OF INJURY (APPROX.)	(Monthl (Doy) (Year)		INJURY OCCURRED  Not While At Work	21 F. HOW DID INJ	URY O C CUR?	
	that 🗱 (this hospital		Anonet 15	mark de	9 70 to Augu	
			~ /	ew the body ofter death.	or in (may) (our) op!	nion deoth occurred on the dot
23A. SIGNATU	Varena	~?+	AHON		Shaff Feet	238, DATE SIGNED
23C. PHYSICIA NAME (T	N'S /pel	0	DEGREE Phys.	Director L	Shoff Phys. 2	y-/7-/0
4A. BIIRIAL COS	VISTIKHAR M		M.D. DEGREE	Baltimo	re, Marylan	nd 21218
AA. BURIAL CREAREMOVAL (S	8-18-7	o Br	HIMC'S NO CREATERY OF CREATERY	trous 1 B	CATION (CI	ty, town, or countyl (State)
ALIC 91	1970 Robert E	Jaben,	F REGISTRAR	25C. FUNERAL DIRECTOR BURGEE FUNERA	T HOME E	3631 Falls Road Baltimore, Maryland

Called hosp, Operaled on 8/6/90

ter from Veterans

V\$ 150-REV. 1/1/68

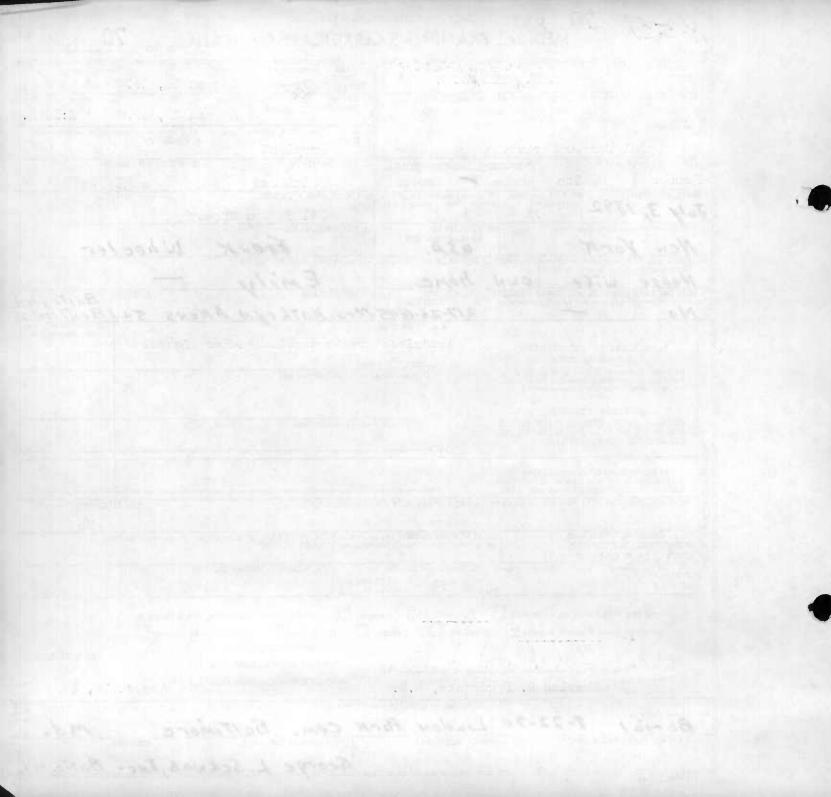
BALTIMORE CITY HEALTH DEPARTMENT

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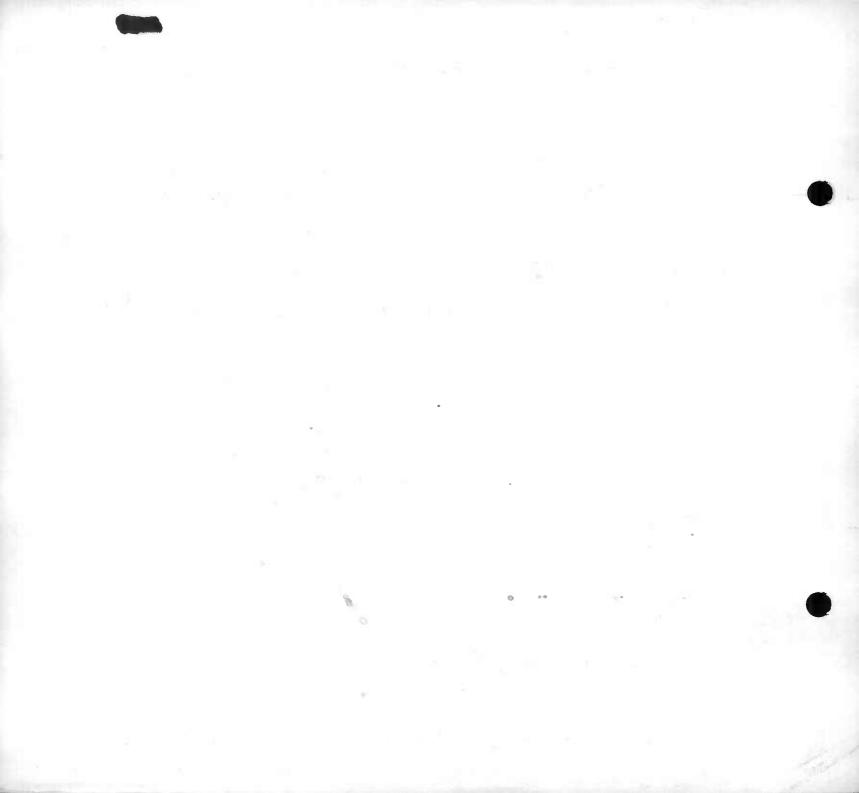
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Namir SACHAFI, M.D. Lutheron Hosp. of 118.

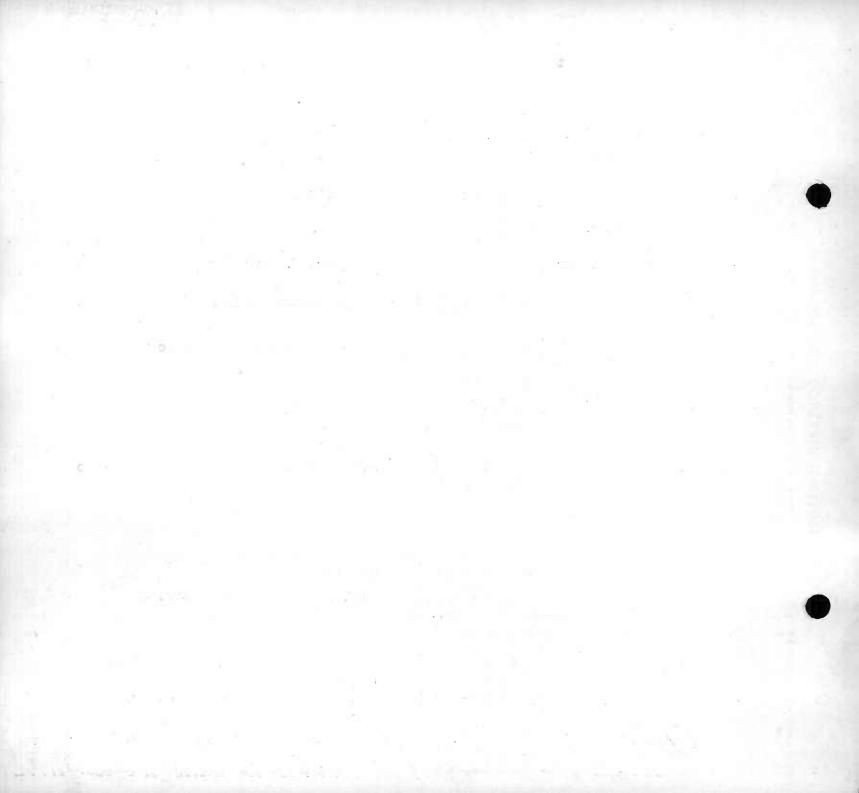


-	- 205				BALTIMORE CIT	Y HEALTH DEPARTMENT		חלי	8327
BIR	- 222 TH NO.		70	8327	CERTIFICA	TE OF DEATH	H REG. NO.	1,20	001211
	AME OF DECEA		Wm.	Fitzsi	mmons	2. DATE	Aug. 18, 1970		3:40 A
3.	PLACE IN BALTIN	ORE MAR	LAND, W	HERE PRON	OUNCED DEAD		Where deceased lived. If in		1
FU	LL NAME OF DSPITAL OR STITUTION				ITUTION, GIVE STREET	Md.  c. CITY OR TOWN  Baltimore	D. INSI	DE CITY LIMITS?	02
1		lc Heal Wymar			Hospital	E. STREET AND NUMBE	R Nase Street	TES EA	10 🔲
5. 5	EV 16	RACE		17			9. AGE (In years	If Under 1 Yr.	If Under 24 Hrs.
	M	W		WIDOWE		11/23/05	lost birthdoy)		Hours Min.
	. USUAL OCCUPA e during most of wor Retired	king life, even		108. KIND	OF BUSINESS OR INDUSTR	Pa.	foreign country)	12. CITIZEN OF	WHAT COUNTRY
3.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME		•
		Fitzs		-		Sarah Sl	celton		
Ye:	Was Deceased Ev s,na ar unknown) (If YES	yes, give v	vor or dole	ces? s of service! -1946	16. SOCIAL SECURITY NO. 217-26-1386	Records- US	PHS Hospital,	Balto, Mo	
_	18.44 / 1	ODA	1720	-1740	CAUSE OF DEA				IMATE INTERVAL
FICATION	(This does not heart failure, as injury or compliant of the complex of the comple	thenia, etc. cotion which tecedent CONDITION CONDITION III	It means h coused CAUSES ONS, if use (A) I last.	the diseas deoth.)  any, givin sloting the NTRIBUTING HE TERMINA TO INC. DITION FOR	(B)g  DUE TO, OR A	S A CONSEQUENCE OF:	r No) 20B. IF YES, WERE I	FINDINGS CONSIG	DERED
ERTIFIC	2)	WAS HAID!				yes	yes		
AL C	OR CONTRIBUTION DEATH (notify m	NG CAUS	EOF	- h	ome, form, foctory, street, lc.)	in or obout 21C. WHERE DI	Q? (It in Boltimor	e City, give exoct lo	cotion)
MEDIC	21 D. TIME (A OF INJURY (APPROX.)	Aonth) (Do	(Yeor)	V	Vhile At Not Wh	ile 🗖	INJURY OCCUR?		
	22. I certify th that (L) (we) la				the deceased fram	Aug. 7	1970 to Aug d that In(m/) (aur) api		1970
						view the bady after dea			
	23A. SIGNATURE	/ -		, An-	,,,,,			23B. DATE SIGNE	D
	Samue	1 P.1	Pard	, M.L.	DEGREE PH	hending Med. ys. Director	Staff Phys.	8/18 /7	0
	NAME (Type Samue	2	ard,	Surgeon	n (R)	US PHS Hospi	tal, Balto, Mo	d.	
244	REMOVAL (Spe	TION, 248.	DATE	24C.	NAME of CEMETERY OF C	REMATORY 241	D. LOCATION (Ci	ty, town, or county	(State)
	urial		20-19		altimore Natio		Baltimore, M		
254	G21 1970	0	BE.		OF REGISTRAR	Howard H. I	Tubbard, 4107		ve. 21229





VS 150-REV. 1/1/68



IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/6B

JULIA DE LA CARROLA DE LA CARR

	BALTIMORE CITY	HEALTH DEPARTMENT		70 004
S-552 70	8334 CERTIFICA	TE OF DEATH	REG. NO	70 8331
1. NAME OF DECEASED	0001		AND HOUR OF DEAT	н
Maty B. Szyma	nowski		8-19-70	9:30 A M
3. PLACE IN BALTIMORE, MARYLAND, WHE	RE PRONOUNCED DEAD	4. USUAL RESIDENCE (W	here deceased lived. If	institution: residence before admission)
FULL NAME OF UF NOT IN HOSPITAL	OR INSTITUTION, GIVE STREET	Md		604
HOSPITAL OR ADDRESS OR LOCATION	ONI	C. CITY OR TOWN	D. 1N	ISIDE CITY TIMITS?
27		Balto		YES NO NO
Mercy Hospital		E. STREET AND NUMBER		
5. SEX   6. RACE   7.	MARRIED NEVER MARRIED	112 N. Cas	Stle St.	I K Halas 1 V. K H. L. 04 H.
F W v	VIDOWED DIVORCED	1-19-1897	last birthday)	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10)	E KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or f	oreign country)	12. CITIZEN OF WHAT COUNTRY
		MO		UCA
3. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	
John Szu	lc	Barbara Kod	lodiej	
5. Was Deceased Ever in U. S. Armed Forces: Yes, no or unknawn) (If yes, give wor or doles of	f service) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO	213.00-1942	R 100055	SZYMAN.	-115 11 - 25 - 5 6
18.	CAUSE OF DEAT	H OFFICE	SLITIKO	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIREC	TLY	,		BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A)IMMEDIATE CAL	ISE Pulmonarr	emboli	
iThis does not mean the made of dy heart failure, asthenia, etc. It means the	disease,	A CONSEQUENCE OF:		
injury as complication which caused dec	ath.)	100		
ANTECEDENT CAUSES	(B) Carcir	A CONSEQUENCE OF:	pancreas	
DISEASES OR CONDITIONS, if any, rise to the above cause (A) sta		A CONSEQUENCE OF:		and the second
UNDERLYING CONDITION last.	(c)			***************************************
OTHER SIGNIFICANT CONDITIONS CONTR	INITING.			
E ITO THE DEATH BUT NOT RELATED TO THE T	ERMINAL			
DISEASE OR CONDITION GIVEN IN PART 1	ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 208. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
WAS PERFORM	MED	Yes	IN CERTIFYING C	AUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Indiffy medical examines)	21B PLACE OF INJURY (e.g., inhome, form, foctory, street, of etc.)	n or about 21C. WHERE DID fice bldg., INJURY OCCUR?	(If In Boltim	ore City, give exoct location)
7	loud 21E INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
(APPROX)	While At Work At Work	• 🗆		
22. I certify that (I) (this hospital) at	100	8-9	_19 <u>70</u> to	8-19 19 70
that (i) (we) last saw the deceased a		19.70 and		inlan death accurred on the date
and have and from the causes stated	abave. (1) (We) (did) (did nat) v	lew the bady after death	1.	
23A. SIGNATURE				23R, DATE SIGNED
Af Deguer	Atte Phys	nding Med. Director	Shaff X	8-19-70
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		
AL BURIAL CREMATION, 248, DATE	equeira DEGREE	Mercy Ho		20
REMOVAL (Specify)			D. J. J. G. S. J.	City, town, or county!
SA, DATE REC'D BY HEALTH DEPT. 1258	NAME OF REGISTRAR	SARY	JUNDALK	MIW.
AUG 21 1970 0686 2.	NAME OF REGISTRAR	JEHN WEG	R& SONS	GOI ADDRESS ST.
/S 150-REV, 1/1/68				7,000



H-522 70 8332 BALTIMORE CITY HEALTH DEPARTMENT

70 \$332

BIRTH NO.		MEL	ICAL	EXAMINER'S	CERTIF	CATE OF	DEAT	H REG. NO.	10.0	0000
1. NAME OF DE	CEASED				2. DATE	Known 🔲	Month	Day	Year	Hour
	FEO DO		CHUCU		OF DEATH	Estimoted				М.
FULL NAME OF	(IF NO		L OR INST	ONOUNCED DEAD TUTION, GIVE STREET	3. DATE	UNCED DEAD	Month Augus	t 18,19	70	1:10 P.
OR INSTITUTION	- AUGINE	55 OK 20 GA	11014		5. USUALI	RESIDENCE (When			: residence l	M. before odmission)
CIT	Y HOSPI	TAL (	DOA)		A. STATE	Maryland		B. COUNTY	1	607
6. SEX	7. RACE			ED NEVER MARRIED	C. CITY OF			D. INSIDE CIT	Y LIMITS?	
Male	Whit		WIDOW			timore		YE	s 🗹	NO 🗆
MAR IS	1896	lost birthdo	74	Wonths Days Hours Min.		AND NUMBER S. Newkir	k Stree	t		
11. BIRTHPLACE (	State or foreig	n country)	1	2. CITIZEN OF	13. FATHER	'S NAME			-	
	USSIA			WHAT COUNTRY?		UNI	<			
done during most of	PATION (Give working life, ev.	e kind ol work on if retired)	4B. KIND	OF BUSINESS OR INDUSTR	Y 15. MOTHE					
RECIRED S	HEPFI	Tren	BETT	+ STEEL CORP		UNI	1			
16. WAS DECEAS	(If yes, give v	vor or doles	of service)	17. SOCIAL SECURITY NO.	18. INFOR	_			DORESS	
119.	0.11			CAUSE OF DEA	HELE	N KORU ?	323 5	NEWK	IRK	CTRKET PROXIMATE INTERVAL
710	317					ic Cardio	vascu1a	r Diseas	BETW	EEN ONSET AND DEATH
	LEADING TO		TLY			ie odrajo	vascala	I DISECT	,	
(This does n	not mean the	mode of dy	ng, e.g.,	DUE TO, OR	AS A CONSEC	UENCE OF:				
injury or cor	mplication which	h coused dec	th.)							
	NTECEDENT			(8)						
DISEASES O	OR CONDITIO	ONS, IF ANY	GIVING	DUE TO, OR	AS A CONSE	QUENCE OF:				
UNDERLYIN	NG CONDITI	ON LAST.		(c)						H RILL
OTHER SIGN TO THE DE DISEASE OR 20A. DATE OF		11								
TO THE DE	ATH BUT NOT	RELATED TO	THE TERMIN	NG IAL						
20A. DATE OF	CONDITION			OR WHICH OPERATION W	AS DEDECORN	ED.			22 4100	neva (Var as Na)
Ö				OK MINOR OF EKAMON III	- PERFORM				21. AUIO	PSY? (Yes or No)
ZZA. EXTER	NAL CAUSE		2	28. PLACE OF INJURY (e.g.,	In or obout 2	2C. WHERE DID	(If In Baltiman	City, give exac	t location)	no
UNDERLYING UTING CA			h	ome, form, factory, street, offic	bldg., etc.) li	NJURY OCCUR?				
		oy) (Year	(Hour)	22E.INJURY OCCURRED	2	2F. HOW DID IN	JURY OCCU	R?		
(APPROX.)			n	WHILE AT NOT AT W	WHILE ORK					
23.	16. 1. 1.1.									
	Ify that I he		quiry [_]		topsy 📙	and that on the		_	-	
result	ted from: No	atural caus	ies 4	Accident   Suicid			A STATE OF THE PARTY OF THE PAR	ed monner L	1	
ACTUAL		11	11/1	11/		CHIEF MEDICAL E		X		DATE SIGNED
SIGNATE		nald N	Kori	nb lum, M.D.	•	STANT MEDICAL E				
NAME (T				2011,2200	ASSC	CIATE MEDICAL E	XAMINER I		8/19	/70
24A. BURIAL CREA		4B. DATE		24C. NAME of CEMETERY	or CREMATO	RY 24D.	LOCATION	(City, town,		(Stote)
BURIA		AU/2 20	1970	OAK LAWA	1 CGM	ETEAU	FASTE	RIV AU	E RIL	IN MA
25A. DATE REC'D	BY HEALTH C	DEPT.	258. NA	ME OF REGISTRAR		UNERAL DIRECTO		AD	DRESS	0 110.
AUG 2	1 1970	Vabers	E. Va	Ber, M.D.	THE	DIPPELL	BROS IN	1 1800 A	ELOM	1BARD ST
VS 151-REV. 1/1/68	3									

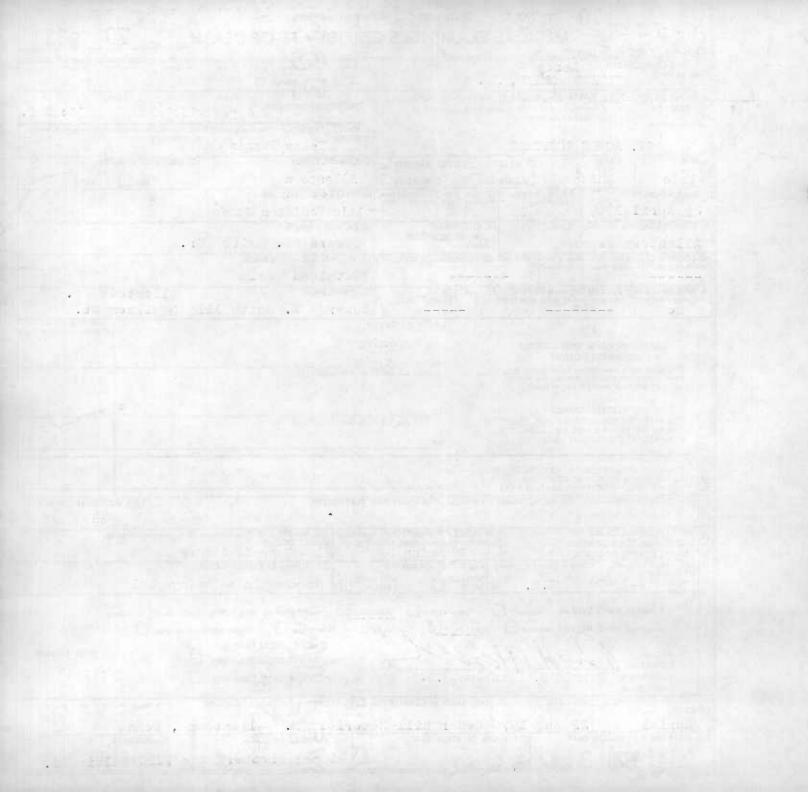
MILES VINE H BURER - ALE TO 1874 TAK THIN CENTERS - ELLERY BLE TOWN IN THE OFFICE AND SALE OFFICE OF SALES AND SALES

	red in a hospital and uting cause of death ad cause; (5) Deceased ir attendance on the prior ta death. Such ie.	
	contrib contrib letermin in regule eceased	
IMPORTANT	or his assistant if dea Also, if the direct or s of any kind; (4) Und ounced death was i ttendance on the d ned or final dispositi	
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). Such written approval must be obtained before the remains are embalmed or final disposition is made.	
FU	be approved by the ed to the hospital by nt of any nature; (2) pital (except where eath); and (6) No phast be obtained befores	
	This certificate must be a the body was released to shows: (1) An accident of was D.O.A. at a hospital deceased prior to death) written approval must be	

,	11-53	30 70	8333	<	HEALTH DEPARTMENT	X REG. NO.	70 8333
	TH NO.			CERTIFICA	TE OF DEATH		
	a a a D 2 . 43	NNETTA	ELIA			ST 19, 19	
3, 1	PLACE IN BALT	MORE MARYLAND,	WHERE PRONO	UNCED DEAD		ne deceased lived. If in	nstitution: residence before admission
FU	LL NAME OF	(IF NOT IN HOSPI	TAL OR INSTIT	UTION, GIVE STREET	MARYLAND 7	Balto.	5300
INS	NORUTON				BALT I MORE	D. INS	IDE CITY LIMITS?
7	ST	AGNES HOSP	PITAL		E. STREET AND NUMBER		YES NO .
5. S	FX	5. RACE	17		329 HARLEM		
	ALE	WHITE	WIDOWED	NEVER MARRIED DIVORCED		9. AGE (In yoors lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
104.	USUAL OCCU	ATION (Give kind of wor			12 02 88 11. BIRTHPLACE (State or fore	gn country)	12. CITIZEN OF WHAT COUNTRY
		PLOYEE			ITALY		U.S.A.
13. [	FATHER'S NAM			. **	14. MOTHER'S MAIDEN NA		
		FONSO M		-//A	FILOMEN	10 COE	LIANO
Yes,	Nos Doceosed I	ver in U. S. Armed Fo If yes, give wer or dete	rces? es of servico)	SECURITY NO.	17. INFORMANT		ADDRESS
	18.	- A-		213-10-466	B ST AGNES H	OSP BALTO	MD 21229
	- Land	OR CONDITION DI	RECTLY	CAUSE OF DEAT		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
	L	EADING TO DEATH		(A) IMMEDIATE CAU	SE Tuenne	mia	nukuow
	hearl failure, a	meon the mode of sthenia, etc. It means	the disease	DUE TO, OR AS	A CONSEQUENCE OF:	**********************	***************************************
		lication which caused			Artheriosco	1 0 1	
	DISEASES OR	CONDITIONS, if	any, giving	(B)DUE TO, OR AS	A CONSEQUENCE OF:	excous	***************************************
	ise to the UNDERLYING	above cause (A) CONDITION last.	sloling the	(c)			
_		- 11					***************************************
Ě	TO THE DEATH	ANT CONDITIONS CO	HE TERMINAL				
	19A. DATE OF C	NDITION GIVEN IN PAR PERATION 198. CON WAS PER	DITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or No		FINDINGS CONSIDERED
CERT	21A ACCIDENT				NO	IN CERTIFYING CAL	JSES OF DEATH?
AL	OR CONTRIBUTE	WAS UNDERLYING CAUSE OF	home elcJ	o, form, factory, street, of	or about 21 C. WHERE DID	(If In Boltimore	e City, give exoct locotion)
		Monthl (Doy) (Yeoil		INJURY OCCURRED	21F. HOW DID INJI	IRY OCCUR?	
Z C							
2	22. I certify th	at (1) (this hospital	1.01	e At Not While At Work		9 70_to_AU(	GUST 19 19 70
		st saw the decease			70		nion death occurred on the date
9	ond hour ond	rord the causes stat	ed above. (1)	(We) (did) (did not) vi	ew the body ofter deoth.		
2	3A. SIGNATURE	no.		Attac	ding Med.	/	238. DATE SIGNED
2	23 C. PHYSICIAN	5	Later	DEGREE Phys.	Director 🗀	Staff Phys.	8/20/10
	NAME (Typ	TPHALEN,	M.D.		DW [- ] [1	MORE MARYL SP:CATON &	WILKENS AVES
24A.	BURIAL CREM.	ATION, 24B, DATE		ME of CEMETERY OF CRE			y, town, or countyl (Stote)
	BURIA	L AU622	70 HOL	YREDEEME		BO BELAI	
25A.	DATE REC'D 8	HEALTH DEPT.	258. NAME O	FREGISTRAR			SOOF LOMBANOS!
AI	1621 19	1 Robert E.	Jaben M	D	THE UIPPEL	OHOS MC	SOOF YOURNED ?

0 - 70 9331 BALTIMORE CITY HI	
7 2 7 10004	
BIRTH NO. Allentown, Pa.	CERTIFICATE OF DEATH REG. NO. 270 8334
I. NAME OF DECEASED T.A TOY	2. DATE Known Month Day Year Hour
(Type or Print) EDWARD SMITH, JR.	OF Estimoled
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD August 18,1970 11:10 P
OR INSTITUTION	13. USUAL RESIDENCE (Where deceoted lived, # institution: residence before admission)
ST. AGNES HOSPITAL	A. STATE Pennsylvania B. COUNTY V-35
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male White WIDOWED DIVORCED	Allentown YES NO
9. DATE OF BIRTH   10.AGE (in years   Munder   Yr. If Under 24 Hrs. losi birthdoy)   Months   Days   Hours   Min.	E. STREET AND NUMBER
25 April 1967 3	1118 Hamilton Street
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
Allentown Penna USA COUNTRY?	Edward L. Smith Sr.
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR done during most of working life, even if retired)	15. MOTHER'S MAIDEN NAME
	Kathleen Salm
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)/(If yes, give wor or dotes of service)  17. SOCIAL SECURITY NO.	18. INFORMANT Allepses Pa.
no ====================================	Edward L. Smith 1118 Hamilton St.
19. CAUSE OF DEA	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY Drown	
LEADING TO DEATH	TAILEE
neuri foliure, osmenio, erc. il meons me disedse,	AS A CONSEQUENCE OF:
(this does not mean the mode of dying, e.g.,	
heart foilure, osthenio, etc. It means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES	
heart foilure, osthenio, etc. It means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES	
(b) DUE TO, OR heart foilure, osthenio, etc. It means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE INDERLYING CONDITION LAST	AS A CONSEQUENCE OF:
(b) DUE TO, OR heart foilure, osthenio, etc. It means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE INDERLYING CONDITION LAST	AS A CONSEQUENCE OF:
(b) DUE TO, OR heart foilure, osthenio, etc. It means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE INDERLYING CONDITION LAST	AS A CONSEQUENCE OF:
(b) DUE TO, OR heart foilure, osthenio, etc. It means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE INDERLYING CONDITION LAST	AS A CONSEQUENCE OF:
(b) DUE TO, OR heart foilure, osthenio, etc. It means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE INDERLYING CONDITION LAST	AS A CONSEQUENCE OF:
ANTECEDENT CAUSES  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION W	AS A CONSEQUENCE OF:  AS A CONSEQUENCE OF:  AS PERFORMED  21. AUTOPSY? (Yes or No)  yes
(c)  III  OTHER SIGNIFICANT CONDITION S. CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION W.	AS A CONSEQUENCE OF:  AS A CONSEQUENCE OF:  AS PERFORMED  21. AUTOPSY? (Yes or No)  yes
ANTECEDENT CAUSES  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION W  UNDERLYING OR CONTRIB- UNDERLYING OR CONTRIB- UNDERLYING OR CONTRIB- UNDERLYING OR CONTRIB- SW 1 mm 1 ng Po	AS A CONSEQUENCE OF:  AS A CONSEQUENCE OF:  21. AUTOPSY? (Yes or No)  yes  In or obout 22C, WHERE DID (If in Boltimore City, give exact location)  bidg., etc.) INJURY OCCUR?
ANTECEDENT CAUSES  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION W  22A. EXTERNAL CAUSE WAS UNDERLYING CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Month) (Dov) (Year) (Hour) (22E, INJURY OCCURRED	AS A CONSEQUENCE OF:  AS A CONSEQUENCE OF:  AS PERFORMED  In or obout 22C, WHERE DID (If In Boltimore City, give exact location) bidg, etc.) injury occurs  1100 Francis Avenue  22E, HOW DID INJURY OCCUPS
Columbia   Columbia	AS A CONSEQUENCE OF:  AS A CONSEQUENCE OF:  21. AUTOPSY? (Yes or No)  yes  In or obout 22C, WHERE DID (If in Boltimore City, give exact location)  bidg, etc.) INJURY OCCUR?  O1 1100 Francis Avenue
Conter significant conditions contributing to the Date of Operation with the Date of Operation with the Date of Operation with the Date of Operation with the Date of Operation with the Date of Operation with the Date of Operation with the Date of Operation of Condition for Which Operation with the Date of Operation with the Date of Operation with the Date of Operation with the Date of Operation with the Date of Operation with the Date of Operation with the Date of Date of Operation with the Date of Date o	AS A CONSEQUENCE OF:  AS A CONSEQUENCE OF:  AS PERFORMED  21. AUTOPSY? (Yes or No)  yes  In or obout 22C. WHERE DID (If in Boltimore City, give exact location)  blidg. etc.) injury occur?  1100 Francis Avenue  22F. How DID INJURY OCCUR?  WHILE X Drowned in swimming pool
Control of the cont	AS A CONSEQUENCE OF:  AS A CONSEQUENCE OF:  AS PERFORMED  21. AUTOPSY? (Yes or No)  yes  In or about 22C, WHERE DID (If in Boldimore City, give exact location)  bldp., etc.) injury occur?  1100 Francis Avenue  22F. How Did injury occur?  White X Drowned in swimming pool  topsy X and that on this basis, death in my opinion
Conter significant conditions contributing to the Date of Operation with the Date of Operation with the Date of Operation with the Date of Operation with the Date of Operation with the Date of Operation with the Date of Operation with the Date of Operation of Condition for Which Operation with the Date of Operation with the Date of Operation with the Date of Operation with the Date of Operation with the Date of Operation with the Date of Operation with the Date of Date of Operation with the Date of Date o	AS A CONSEQUENCE OF:  AS A CONSEQUENCE OF:  AS A CONSEQUENCE OF:  21. AUTOPSY? (Yes or No)  yes  In or about 22C, WHERE DID (If in Boltimore City, give exact location)  oil   1100 Francis Avenue  22F. HOW DID INJURY OCCUR?  While   22F. HOW DID INJURY OCCUR?  While   22F. How DID injury OCCUR?  ORK   22 ond that on this basis, death in my opinion
Color   Colo	AS A CONSEQUENCE OF:  AS A CONSEQUENCE OF:  AS A CONSEQUENCE OF:  AS A CONSEQUENCE OF:  21. AUTOPSY? (Yes or No)  yes  in or obout 22C. WHERE DID (if in Boltimore City, give exact location)  bidg., etc.) injury occur?  1100 Francis Avenue  22F. How DID INjury occur?  WHILE X Drowned in swimming pool  topsy X and that on this basis, death in my opinion  topsy X and that on this basis, death in my opinion  CHIEF MEDICAL EXAMINER   DATE SIGNED
Columbia   Columbia	AS A CONSEQUENCE OF:  AS A CONSEQUENCE OF:  AS A CONSEQUENCE OF:  AS A CONSEQUENCE OF:  21. AUTOPSY? (Yes or No)
Compared to the mode of dying, e.g., heart foilure, sosthenic, eic. It means the disease, injury or complication which coused death.)    ANTECEDENT CAUSES	AS A CONSEQUENCE OF:  AS A CONSEQUENCE OF:  AS A CONSEQUENCE OF:  AS PERFORMED  21. AUTOPSY? (Yes or No)  yes  In or about 22C, WHERE DID (If in Boltimore City, give exact location)  INJURY OCCUR?  I 100 Francis Avenue  22F. HOW DID INJURY OCCUR?  White I Drowned in swimming pool  topsy I and that on this basis, death in my opinion  topsy I and that on this basis, death in my opinion  CHIEF MEDICAL EXAMINER I  DATE SIGNED
Color   Colo	AS A CONSEQUENCE OF:  AS A CONSEQUENCE OF:  AS A CONSEQUENCE OF:  AS A CONSEQUENCE OF:  21. AUTOPSY? (Yes or No)
Comparison   Com	AS A CONSEQUENCE OF:  AS A CONSEQUENCE OF:  AS A CONSEQUENCE OF:  AS A CONSEQUENCE OF:  AS A CONSEQUENCE OF:  21. AUTOPSY? (Yes or No)  yes  In or obout 22C. WHERE DID (If in Bolthmore City, give exact location)  bidg., etc.) injury occur?  I 100 Francis Avenue  22F. HOW DID INJURY OCCUR?  WHILE X Drowned in swimming pool  topsy X and that on this basis, death in my opinion  topsy X and that on this basis, death in my opinion  CHIEF MEDICAL EXAMINER X DATE SIGNED  ASSISTANT MEDICAL EXAMINER X 8/19/70  or CREMATORY 24D. LOCATION (City, lown, or county) (Siote)
Comparison   Com	AS A CONSEQUENCE OF:  AS A CONSEQUENCE OF:  AS A CONSEQUENCE OF:  AS A CONSEQUENCE OF:  AS A CONSEQUENCE OF:  AS A CONSEQUENCE OF:  AS A CONSEQUENCE OF:  21. AUTOPSY? (Yes or No)  Yes  In or about 22C, WHERE DID (If in Boltimore City, give exact location)  Yes  In or about 22C, WHERE DID (If in Boltimore City, give exact location)  Yes  In or about 22C, WHERE DID (If in Boltimore City, give exact location)  Yes  White I Drowned in Swimming pool  Topsy I and that on this basis, death in my opinion  Topsy
Column   C	AS A CONSEQUENCE OF:  AS A CONSEQUENCE OF:  AS A CONSEQUENCE OF:  AS A CONSEQUENCE OF:  AS A CONSEQUENCE OF:  21. AUTOPSY? (Yes or No)  yes  In or obout 22C, WHERE DID (If in Boltimore City, give exact location)  oldy, etc.) injury occur?  Il 100 Francis Avenue  22F. How DID INjury occur?  While Drowned in swimming pool  topsy and that on this basis, death in my opinion  topsy and that on this basis, death in my opinion  CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER Penna  or CREMATORY  24D. LOCATION (City, town, or county) (Stote)  iemorial Pk. Allentown Penna

IV

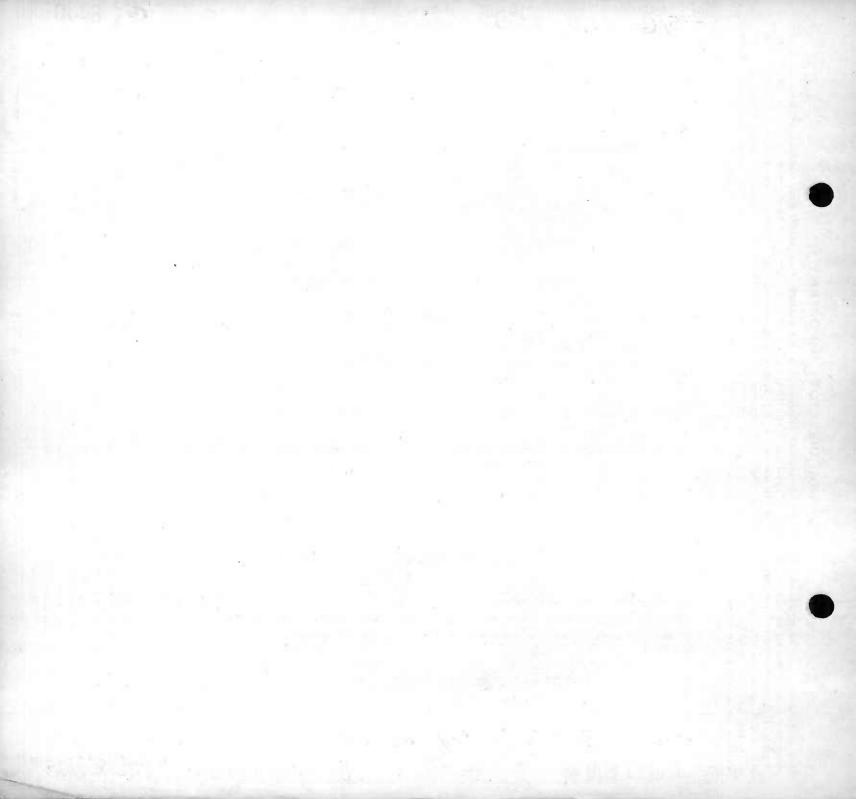


70 8335 BALTIMORE CITY HE	
G-400 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 170 8335
BIRTH NO.	REG. NO.
1. NAME OF DECEASED (Type or Print)	2. DATE Known Month Doy Year Hnur
ELIZABETH GALE	OF DEATH Estimoled . M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD August 18,1970 5:55 P. M.  5. USUAL RESIDENCE (Where deceosed lived. If Institution; residence belong admission)
OO 1518 Brunt Street	A STATE Maryland B. COUNTY
6. SEX Female Negro S. MARRIED NEVER MARRIED WIDOWED DIVORCED	C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? YES NO
9. DATE OF BIRTH 10. AGE (In years   # Under 1 Yr. 11 Under 24 Hrs. lost birthdoy) 54 Months : Days   Hours   Min.	E. STREET AND NUMBER 1518 Brunt Street
Maryland 12. CITIZEN OF WHAT COUNTRY?	Eugene Dorsey
14A.USUAL OCCUPATION (Give kind of work) 4B. KIND OF BUSINESS OR INDUSTRY doing during marter pocking lile, even if relired)	15. MOTHER'S MAIDEN NAME Della
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (17. SOCIAL SECURITY NO. 219-30-0897)	mr lankford gales, same
19. CAUSE OF DEA	8
1101	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Prie umo t	norax
(A)IMMEDIATE C	
heart failure, osthenia, etc. It means the disease, injury or complication which caused deoth.)	AS A CONSEQUENCE OF:
mility of completion which cutses deom.)	
ANTECEDENT CAUSES (B) Bron	chial Asthma
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	Metamorphosis of Liver
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S PERFORMED   21. AUTOPSY? (Yes or No)
ō	
₹ 22A. EXTERNAL CAUSE WAS 122B. PLACE OF INJURY(e.g.,	yes (Partial)
UNDERLYING OR CONTRIB-	in or obout 22C. WHERE DID (If in Baltimore City, give exact location) bldg., etc.) INJURY OCCUR?
	WHILE ORK 22F. HOW DID INJURY OCCUR?
23(Par	tial) topsy X and that on this basis, death in my opinion
resulted from: Notural couses Accident Suicid	
ACTUAL Thed WILL	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED
EXAMINER'S Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER 8/19/70
NAME (Type)  24A. BURIAL CREMATION, 24B. DATE  REMOVAL (Specify)  24C. NAME of CEMETERY (	
BURIAL 8/24/70 National	Cemetry Baltimore M
25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR	
AUG 21 1970 Pober & Jacker Ma.	Adolphus Halstead 1206 W North A

IMPORTANT

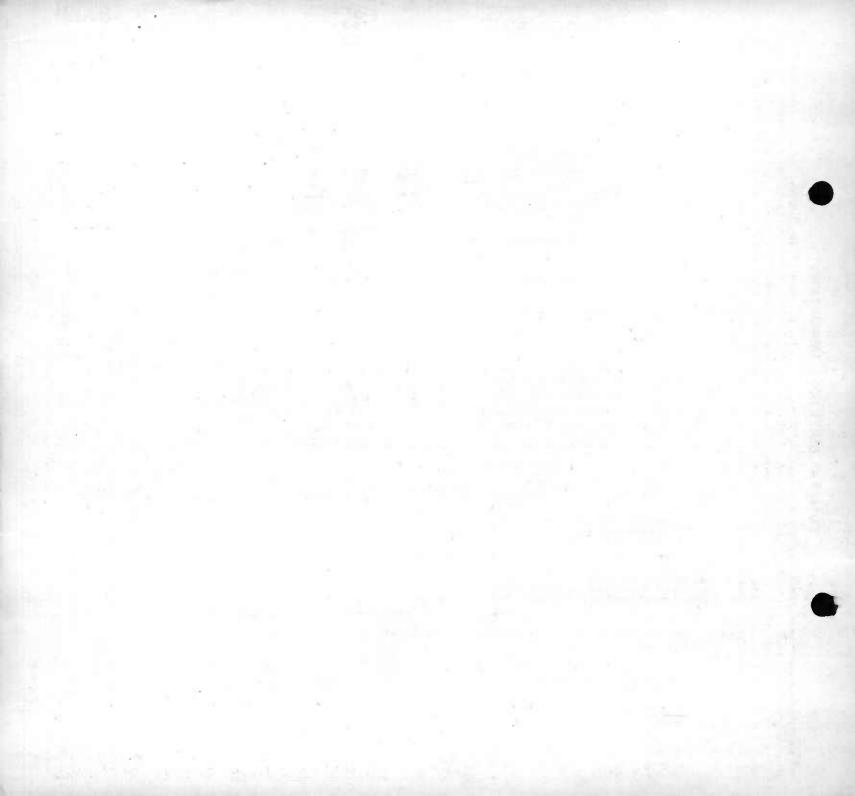
FUNERAL DIRECTOR:

VS 150-REV. 1/1/68



VS 150-REV. 1/1/6B

1			BALTIMORE CIT	Y HEALTH DEPARTMENT		70 0337
- 462	70	8337	CERTIFICA	ATE OF DEATH	REG. NO	0007
NAME OF DE	CEASED	000.			HOUR OF DEATH	
Type or Print)	Communication of the communica	ATT AN			4, 1970	1 2.55 A
PLACE IN BA	LTIMORE MARYLAND,		CED DEAD	4. USUAL RESIDENCE (Where	deceased lived, if in	nstitution: residence before admission
FULL NAME OF	F (IF NOT IN HOSP	NTAL OR INSTITUT	ION, GIVE STREET		RYLAND	1701
NSTITUTION				C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
HOUSE IN	THE PINES B			E. STREET AND NUMBER		YES NO NO
	RE, MARYLAND	21215			an Ch	
SEX	6. RACE	7. MARRIED W	NEVER MARRIED	8. DATE OF BIRTH 9.	AGE (In years	If Under 1 Yr. , If Under 24 Hrs
	unitme	WIDOWED			st birthdoyl	Months Doys Hours Min.
A. USUAL OC	CUPATION (Give kind of we		·	Y 11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY
one during most o	f working life, even if retired	1)				U.S.A.
						U.D.A.
3. FATHER'S N.	AME			14. MOTHER'S MAIDEN NAM	E	
	ed Ever in U. S. Armed F		6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
			31 COM 11 C.			
1B. A.L. A	7 1/1		CAUSE OF DEA	TH		APPROXIMATE INTERVAL
DISE	ASE OF CONDITION D	DIRECTLY		0		BETWEEN ONSET AND DEATH
Dist	LEADING TO DEAT			Poreens	mui.	-dnos
(This does	not mean the mode	of dying, e.g.,	(A) IMMEDIATE CA	AUSE VILLAM VACONSEQUENCE OF:	0 000	
	, asthenia, etc. It mean		DOE 10, OK A	silver ay 100	suce promp	read 1-14
injury or co	mplication which couse			1	0	
	ANTECEDENT CAUSI	ES	(B)	when of.	lever.	17/1.
	OR CONDITIONS, if		DUE TO, OR A			
	he abave couse (A IG CONDITION lost.	i) slaling the	(0)	to relivole	e e UP	12
	- 11		( ~/			
O THER SIGN	IFICANT CONDITIONS C	ONTRIBUTING				Late of the late o
TO THE DE	ATH BUT NOT RELATED TO	THE TERMINAL				
	F OPERATION 198. CO	NOTION FOR WE	ICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE	FINDINGS CONSIDERED
0	WAS PI	ERFORMED		700	IN CERTIFYING CA	USES OF DEATH?
	ENT WAS UNDERLYING	21 B. PI	LACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID	(If In Baltimo	re City, give exact location)
DEATH (noti	SUTING CAUSE OF fy medical examiner	home,	torm, toctory, street,	office bldg., INJURY OCCUR?		
210. TIME	(Month) (Doy) (Yeo	u) (Hour 21F II	NJURY OCCURRED	21F. HOW DID INJU	PY OCCUP?	
S OF INJURY		While			K. OCCOK:	
(APPROX.)		Work	At Work	k L	Α.	4
22. I certif	y that (1) (this haspit	al) attended the	deceased from A	april 21 19	20 to a	equet 4 19 70
that (1) (we	e) last saw the decea	sed alive an	July	3 ( 19 20 and tha	t in (my) (aur) ap	inian death accurred an the da
			(Ma) (414) (414 =-1)	view the bady after death.		
23A. SIGNAT			() (did) (dis.;;;)	TION THE DUTY UNITED GEOTING		23B. DATE SIGNED
	10 - 50	3/101	At At		itaff 🖂	0/(3/3
220 811461	Keno	all all		ys. Director L F	Phys. 🗀	01 112
23C. PHYSIC NAME	ANS (Type)			23D. ADDRESS	esterito	- 10el -1
LEST				111		N - 1
4A. BURHAL CE	ER KOLMAN	M.D.	DECRE	bgot PARK HE	COURSE AVETAIL	1 Bullion MAS
			DEGRE		CATION (C	IE Pulliner Wast.
REMINIST	(Specify) 9-19				CATION (C	Bellie WAS.  Story town, or county)  (Store)
Cremat	(Specify) 8-19	-70 Le	e Fune ra	REMATORY 24D. LO	CATION (C	En Dic
Cremai	(Specify) 9-19		e Fune ra		UAShing	Belliver WAS.  Sity, town, or county) (Stote)  On Dicth & Posess are



150-REV. 1/1/68



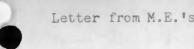
VS 150-REV. 1/1/68



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BALTIMORE CITY HEALTH DEPARTMENT

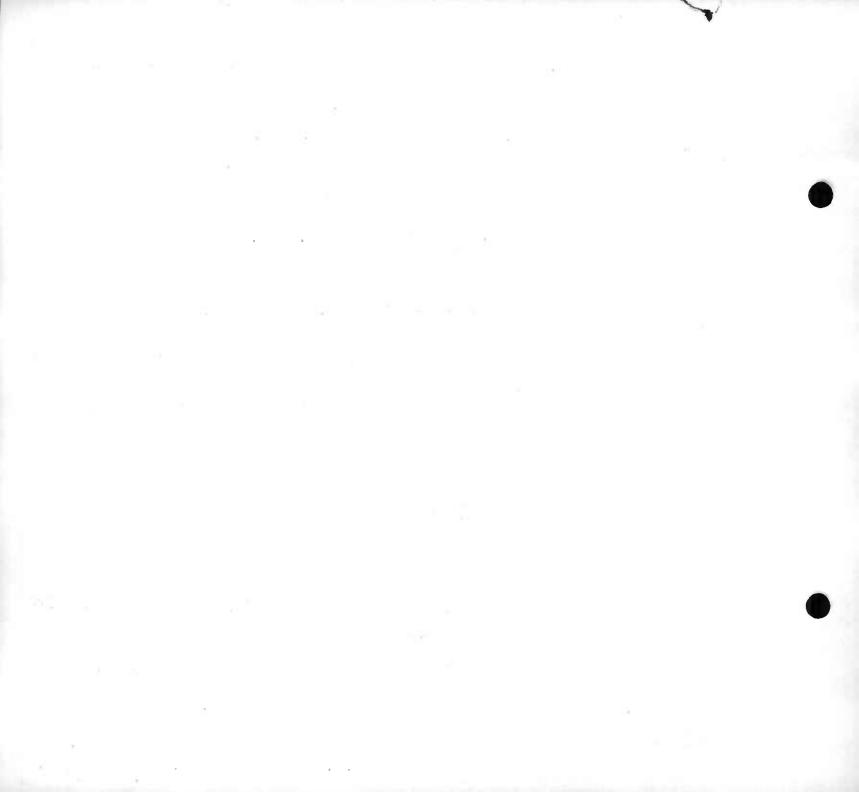
70 834 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 8340
1. NAME OF DECEASED (Type or Print)  RICHARD E. ARMSTRONG	2. DATE Known   X Month Day Year Hour
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	3. DATE PRONOUNCED DEAD  Monih Day Yeor Hour August 19, 1970  5:35 P. M.
355 Homeland, Southway Apt. #3B	A. STATE  Maryland  B. COUNTY
6. SEX 7. RACE 8. MARRIED NEVER MARRIED MEVER MARRIED DIVORCED DIVORCED	C. CITY OR TOWN  Baltimore  D. INSIDE CITY LIMITS?  VES X NO
	E. STREET AND NUMBER  355 Homelland, Southway Apt. #3B
Altoona, Pa. 12. CITIZEN OF WHAT COUNTRY?	Wilson E. Armstrong
idea. USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTRY done during most of working lile, even if relired)  Bank Examiner—Md. State Dept. Bldg&Lo	Y 15. MOTHER'S MAIDEN NAME
16. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no or unknown)((I) yes, give wor or dotes of service)  17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS Way L Gerard M. Armstrong, 5411 Willowmere
DISEASE OR CONDITION DIRECTLY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH (A)IMMEDIATE (	CAUSE Combined effects of barbiturate AS A CONSEQUENCE OF: and ethanol
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	AS A CONSEQUENCE OF:
DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	AS PERFORMED 21. AUTOPSY? (Yes or No) Yes
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	in or obout 22C. WHERE DID (If in Boltimore City, give exact location) to bidg, etc.) INJURY OCCUR?
22D. TIME (Menth) (Dov) (Year) (Hour) 22F-INITIES OCCURRED	22f. HOW DID INJURY OCCUR?  Took excessive amount of barbiturate
23.	with ethanol and that on this basis, death in my opinion
ACTUAL SIGNATURE LEARLS ASCIDENT Suicident Signature	CHIEF MEDICAL EXAMINER DATE SIGNED
EXAMINER'S NAME (Type) Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER August 20, 1970
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)  Burial 8/21/70 Dulaney Va	
Burial 8/24/70 Dulaney Va 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR AUG 21 1970 25B. NAME OF REGISTRAR	alley Mem.Grds.Timonium, Balto.Co., Md.  25C. FUNERAL DIRECTOR H.W. Jenkins & Sons Co. 4905 York Rd Balto., Md. 21212
VS 151-REV. 1/1/68 9 7 9	V



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Decease was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Suc	
This certificate must be approved by the chief medical examine the body was released to the hospital by a medical examine shows: (1) An accident of any nature; (2) Body burns; (3) A fract was D.O.A. at a hospital (except where the physician who pideceased prior to death); and (6) No physician was in regula written approval must be obtained before the remains are emb	

FUNERAL DIRECTOR: IMPORTANT

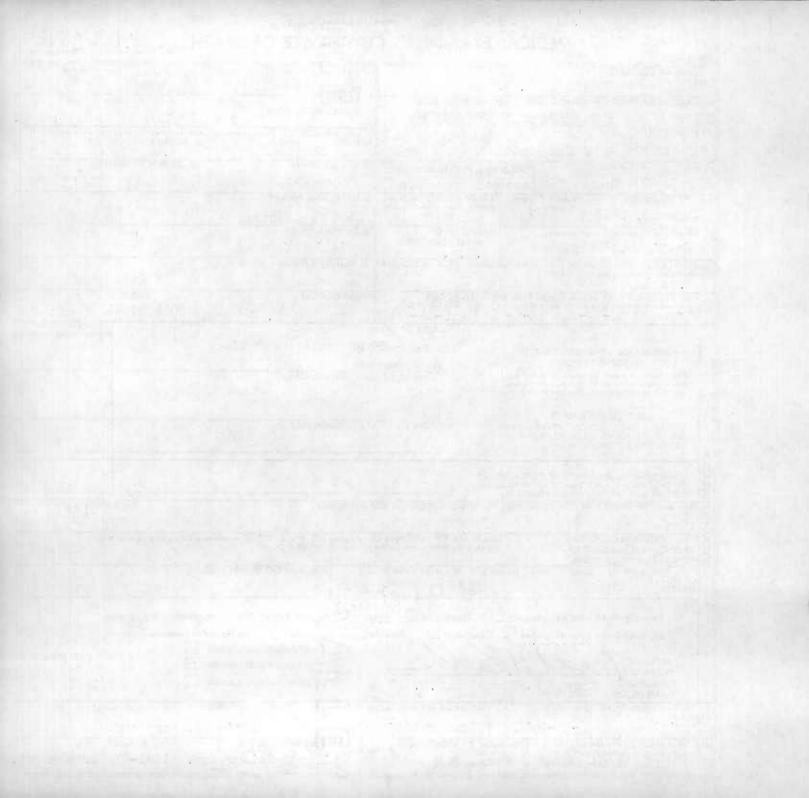
1		BALTIMORE CIT	Y HEALTH DEPARTMENT		70 -011
BIRTH NO. 70	8341	CERTIFICA	TE OF DEATH	REG. NO	70 8341
I. NAME OF DECEASE			2. DATE ANI	HOUR OF DEATH	
(Type or Print)	ictor M. Kin	g	Au	GUST Z	01970 10190 1
3. PLACE IN BALTIMO	RE, MARYLAND, WHERE P	RONOUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived, If in	restitution: residence before admission)
FULL NAME OF HOSPITAL OR	IF NOT IN HOSPITAL OR	INSTITUTION, GIVE STREET	Md.		901
HOSPITAL OR	ADDRESS OR LOCATION	INSTITUTION, GIVE STREET	C. CITY OR TOWN	D. INSI	IDE CITY LIMITS?
00 30	09 Ednor Rd		Balto. Md.		YES NO
00	0 / 1101101	•	E. STREET AND NUMBER		
			3909 Ednor	Rd.	
5. SEX 6. RA	7. MA	RRIED NEVER MARRIED	11.	. AGE (In years ost birthdoy)	If Under 1 Yr. If Under 24 Hrs.
M		OWED DIVORCED	7-28-98	72	
10A, USUAL OCCUPAT! done during most of workin	ON (Give kind of work 10 B, K); ; life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY
Chauffer		Ret. Cab	Belto Md		USA
3. FATHER'S NAME			Balto . Md	E	USA
Michael	King		₩ 1 4 1 - 41-		
5. Was Doceosod Ever	in U. S. Armed Forcos?	1 6. SOCIAL	Elizabeth		ADDRESS
no neknown) (If yo	es, give wor or dates of se				
18. / 6 4		1217-07-9002 CAUSE OF DEAT		et E. Kin	
19-117	COMPLETON PROCESS		n		BETWEEN ONSET AND GEATH
	CONDITION DIRECTLY		MELOSCOS	- Capain	M. M.
(This does not m	an the mode of dying,	e.g., QUE TO, OR AS	JSE METASTA9 A CONSEQUENCE OF:	ICLITACIA	OMF4 11 11641115
injury at camplical	nia, etc. It means the dis ion which caused death.)				
	CEDENT CAUSES		CINOMA-PA	MAREN	- 11/600
DISEASES OR C	ONDITIONS, if any,	niving (8) UE TO, OR AS	A CONSEQUENCE OF:	Y CKEH,	7/12/0/6
rise to the ab	eve cause (A) stating	fhe			
UNDERLYING CO	NDITION Tast.	(c)			
OTHER SIGNIFICANT	II CONDITIÓNS CONTRIBU	TING			
E TO THE DEATH BUT	NOT RELATED TO THE TERM	INAL			
	ATION 198 CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yos or No)	20B. IF YES. WERE F	FINDINGS CONSIDERED
1005.196	9 WAS PERFORMED		No	IN CERTIFYING CAL	USES OF DEATH?
OR CONTRIBUTING	AS UNDERLYINO	21 B. PLACE OF INJURY (e.g.,	n or obout 21 C. WHERE DID	(If In Boltimore	e City, give exact lacation)
DEATH (notify medic	ol exomined	home, form, foclory, street, o	neo bidg., INJURT OCCUR?		
21 D. TIME (Mor	th) (Doy) (Yearl (Houd	21E INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
OF INJURY (APPROX.)		Whife AI Not While	• —		
	(I) (A) I = A	TOOK - AT IVOK		16 8	
22. I certify that	(I) (this hospital) atten	ded the deceased from	C-70 DE1C1, 19	67 to 1900	GUST ZO, 1970
that (I) (wy) last	saw the deceased alive	on NOGIZO	19_/ <u>6</u> and that	tin (my) (ghức) opfo	nfon death occurred on the date
	the causes stated aba	ve. (1) (We) (dld) ( <del>did not)</del> v	iew the body after death.		
23A. SIGNATURE	120	, 0			23 B. DATE SIGNED
areku	1 Randa	en h. Degree Phy	nding Med. S	hys.	8/21/70
PHYSICIAN'S NAME (Type)	U()		23D. ADDRESS		1
Dr.	Arthur Karfa	gin DEGREE	1532 Havenwoo	d Rd.	
4A BURIAL CREMATIC	N. 24R. DATE 12	4C. NAME of CEMETERY OF CRI			ly, town, or county) (State)
Burial		Holy Redeemer	Cometens Roll	timore	MA
2SA. DATE REC'D BY H	EALTH DEPT. 258, NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	timore,	Md.
AUG 2	1 1970 Bel	E. Farber, M.D.	H.W.Jenkins	Sons Co.	4905 York Rd.
VS 150-REV. 1/1/68			Hs.	Itimore,	Má. 21212



70 8342 BALTIMORE CITY HEALTH DEPARTMENT

	1-5	25	MED			AMINER'S			OF	DEAT	H REG. NO	70	8342
1.	TH NO.		ORGE		JOHN		2. DATE OF	Known Estimate		Month	Doy	Year	Hour
4.	PLACE IN BAI						DEATH 3. DATE	Cathinore		Month	Doy	Yeor	Hour
FUL	L NAME OF SPITAL INSTITUTION					N, GIVE STREET		DUNCED DE	P	ugust	18,197		12:25
1	11	CH HON	E AND	HOSPI	TAL		A. STATE	Maryla			B. COUNTY	on: residence	before admission)
6. 5	SEX	7. RACE		8. MARR	RIED 🔀	NEVER MARRIED	C. CITY O	RTOWN			D. INSIDE	CITY LIMITS	3
	Male	Whit	e	WIDOV	VED [	DIVORCED [		ltimore				YES 🗌	NO 🗌
	ATE OF BIRT		10. AGE (I		Month:	er I Yr. If Under 24 Hrs. 1 Days   Hours   Min.	E. STREET	AND NUM	BER		11/2		
	June 22	, 1929		41			2014	Fleet S	tree	t			
11.	BIRTHPLACE (					IZEN OF	13. FATHE	R'S NAME					
	Baltim	ore, M	aryland		TI	HAT COUNTRY?	Wil	liam Jo	hns	on			
I4A	USUAL OCCU	PATION (G	ive kind al work	148. KIND	OF B	USINESS OR INDUSTRY	15. MOTH	ER'S MAIDE	NAM	AE			
GOIN	Une mol		even mrenred)				Leo	na					
16.	WAS DECEAS	ED EVER I	U.S. ARME	FORCES	57	7. SOCIAL SECURITY NO.	18. INFO	MANT				ADDRESS	
(Yes	Yes	10-3	war or dotes		6	214-24-6534	Mrs	Cora I	. "Т	ohnson	2014	Fleet	Street
	19.	/	0 )0 4		0	CAUSE OF DEA		0014 1	1. 0	OIIIISOII			APPROXIMATE INTERVAL
	(This does to heart follows	LEADING that mean the	DITION DIRE TO DEATH e mode of dr ic. It means the hich coused de	ring, e.g., e disease,		(A)IMMEDIATE	AUSE	phosis		Liver			
NO	DISEASES RISE TO TH	NTECEDEN OR CONDI E ABOVE C NG COND	TIONS, IF AN AUSE (A) STA TION LAST.	Y, GIVING TING THE		(8) DUE TO, OR	AS A CONS	EQUENCE OF	•				
CERTIFICATION	TO THE DE DISEASE OF	ATH BUT NO	ONDITIONS C OT RELATED TO N GIVEN IN P	THE TERM	INAL								
	20A. DATE O	F OPERATIO	20B. CO	NDITION	FORW	HICH OPERATION W	AS PERFOR	MED				yes	OPSY? (Yes or No) (Partial)
EDICAL	22A. EXTER UNDERLYING UTING CA		NTRIB-		228. PL home,	ACE OF INJURY (e.g., farm, foctory, street, offic	In or obout e bidg., etc.)	22C. WHERE INJURY OC	DID (	il In Baltimor	e City, give e	xact location	)
			(Doy) (Yea	r) (Hou	WH	ILE AT NOT	WHILE	22F. HOW D	DID IN	URY OCCI	JR?		
	23.				m. WC		ORK L						
	1 cert	tify that I	held on	nquiry [		Inspection Au	rtial topsy K	and tha	t on th	is basis,	death in m	y opinion	
	resul	ted from:	Natural car	ses 🛪	Ac	cident 🗌 Suicid		iomicide [	] 1	Undetermi	ned manner		
	ACTUAL	1	7,1	111	1/	11		CHIEF MED	ICAL E	XAMINER		-	DATE SIGNED
	SIGNAT EXAMIN	URE F	Ronald	V. Ko	rnb1	um, M.D.		OCIATE MED				8/	18/70
24	NAME (	Type)	248. DATE			NAME of CEMETERY	or CPEMA	OPV	1240	OCATION	1Ch 1		
RE	MOVAL (Spec Burial		8-21-1	970		Loudon Natio		OKT	1	location Ltimore	e, Mary	land	(State)
25	A. DATE REC'D	BY HEALTI	DEPT.	258. N		OF REGISTRAR		FUNERAL D			, , ,	ADDRESS	
	AUG 2	1 1970	Robert					illy &			. 190		Eastern Ave

VS 151-REV. 1/1/68



DIRECTOR:

FUNERAL

VS 150-REV, 1/1/68

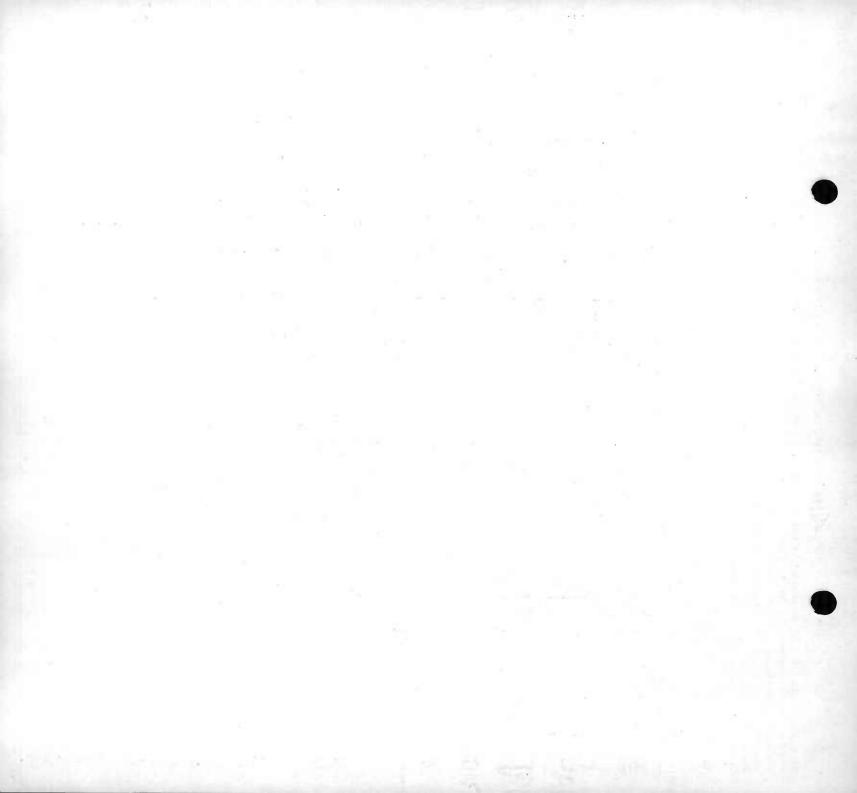


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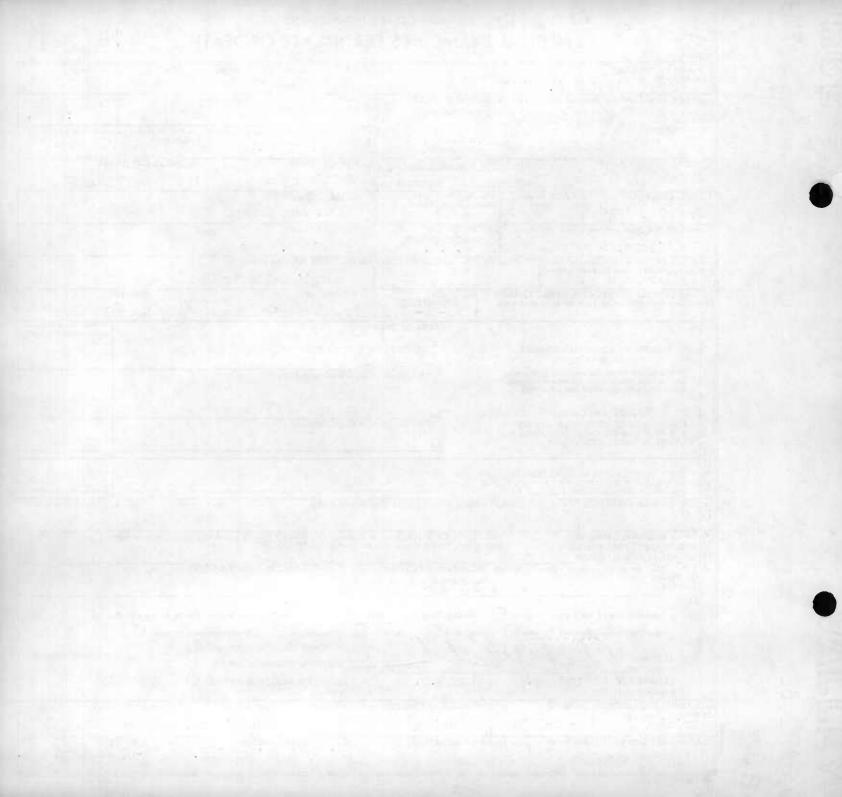
ADDRESS

If Under 24 Hrs.

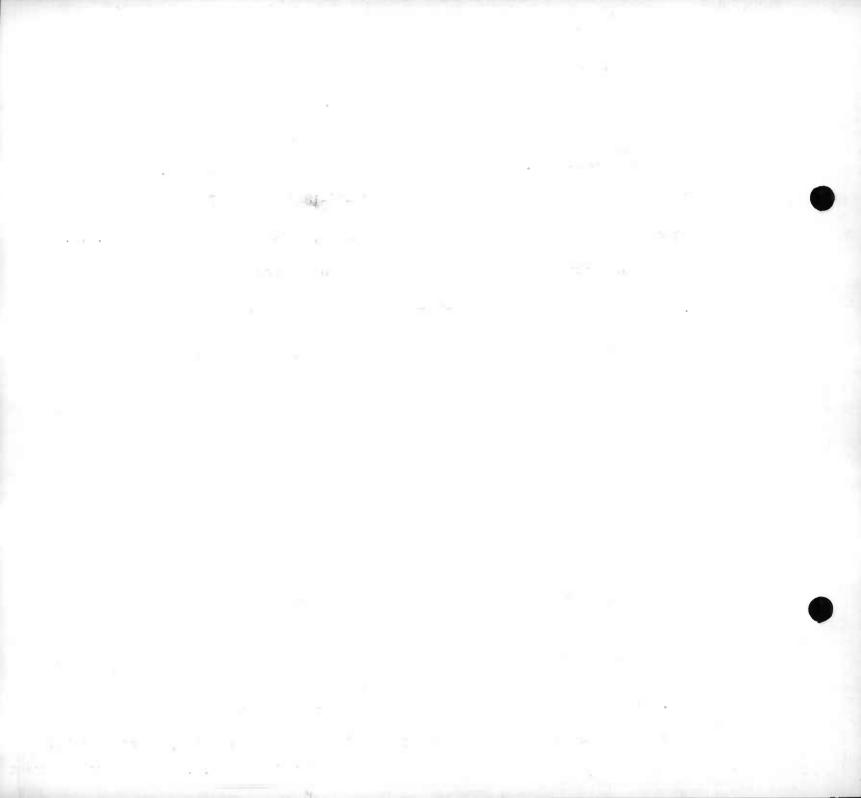
IMPORTANT FUNERAL DIRECTOR:



VS 151-REV. 1/1/68



	1. /:	35 70	8346		HEALTH DEPARTMENT		70 0040			
	IRTH NO.		0040	CERTIFICA	TE OF DEATH	REG. NO.	70 8346			
1.	ype or Print) MA	ry B. Jordan			2. DATE	AND HOUR OF DEATH				
3	PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (W	hore docoosed lived If in	/70 M.  nstitution: residence before admission			
l F	ULL NAME OF		AL OR INSTIT	UTION, GIVE STREET	Md .	JN IY	IDE CITY LIMITS?			
					Baltimore		YES THE NOT			
5/2	Bon Sec	ours Hospita	1		E. STREET AND NUMBER					
1	2025 We	st Fayette S			1815 West	Saratoga St	•			
1 0	Female			NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr If Under 24 Hrs. Months Doys Hours Min.			
10		Negro	WIDOWED		10-16-1886	83				
do	Retired	working life, even if refired)	NOW KIND OF	POSINESS OF IMPOSITA	Manson, North		U.S.A.			
13	FATHER'S NA	ME			14. MOTHER'S MAIDEN N	AME				
		John Parks			Annie Par	ks				
15 (Y	. Was Deceased	Ever in U. S. Armed For	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
	No.			215-01-2375	Son John (	Jordan	Same			
	18.	4.7		CAUSE OF DEATH	1		APPROXIMATE INTERVAL			
		DISEASE OR CONDITION DIRECTLY								
	LEADING TO DEATH  (A)IMMEDIATE CAUSE CON dia e anoust.									
	heort lailure, asthenio, etc. It means the disease,									
		injury or complication which coused death,)								
	DISEASES OR CONDITIONS, il ony, giving  (B)  DUE TO, OR AS A CONSEQUENCE OF:									
	rise to the	above cause (A) CONDITION losi.	stoting the	(c)	A CONSEQUENCE OF:	estases to	liver			
_										
0	OTHER SIGNIF									
CERTIFICATION	DISEASE OR CO	OPERATION THE CONT	1 (A).	WICH OBERATION	20A. AUTOPSY? (Yos or )	J-V 200 15 Mag	***************************************			
	Danc.	WAS PERF	ORMED	Thier organion	Ves	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?			
Ü	21A. ACCIDEN	TING CAUSE OF	21B.		or obout 21 C. WHERE DID	(If In Boltimo	e City, give exoct location)			
IA C	DEATH (notify	modical examiner	hom etc.)	e, form, foctory, street, off	ico bidg., INJURY OCCUR?	<i>(-</i>	and the control of th			
EDIC	21 D. YIME	(Month) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW DID IN	IIURY OCCUR?				
Ž	(APPROX.)		Whi	le At Not While						
	Work L At Work L									
			,	^	70	19 70 ta Q	19 7 3			
	and that in (my) (aur) opinion death occurred an the date									
	23A. SIGNATU	and haur and from the causes stated above. (1) (We) (dld) (dld nat) view the body after death.								
	11		10.		iding Med.	Stoff [7]	23 B. DATE SIGNED			
	23C. PHYSTCIA	N'S	<u>e u</u>	DEGREE Phys.	3D. ADDRESS	Phys.	0119110			
	NAME (Ty	Villiam Beav	an			77	1			
24		MATION, 248, DATE		ME of CEMETERY OF CRE	Bon Secours					
	REMOVAL (S	pecifyl			MAIORY 24D.		y, town, or county) (Slote)			
25	Burial			Family Lot		Henderson,	North Carolina			
1	ΔΙΙΔ	21 1970 R.S.	25B. NAME O	Ben M.D.	25C. FUNERAL DIRECTO MORTON &	DYETT F.H.	1701 Laurens Street			
VS	150-REV. 1/1/6									



DIRECTOR:

FUNERAL

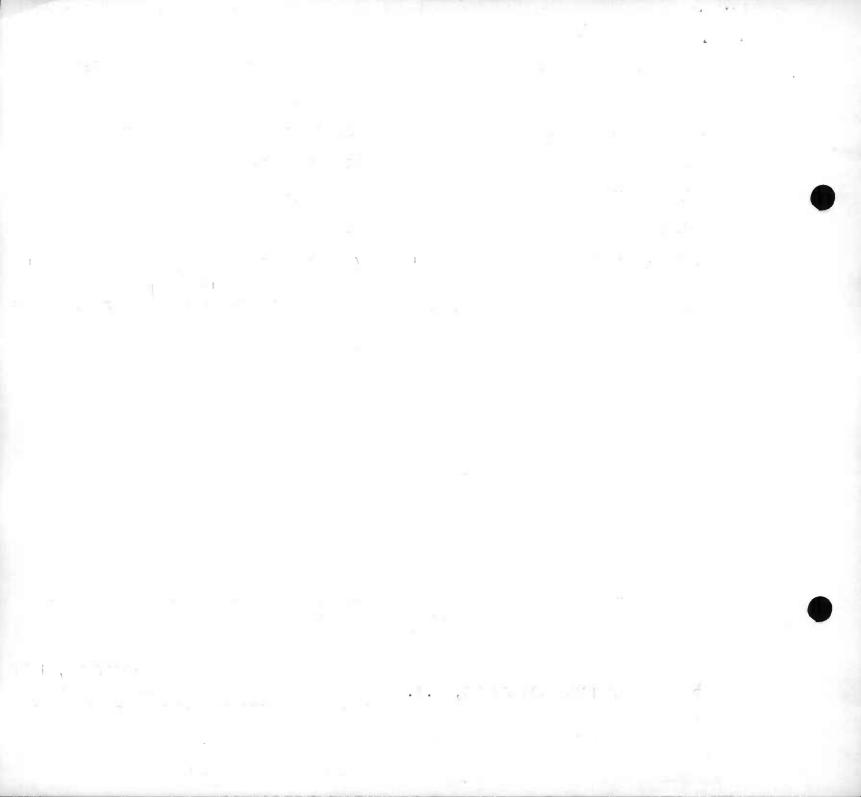
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Andrew or the

the distance of the state of th

FUNERAL DIRECTOR: IMPORTANT

A-420 70 8348		TE OF DEATH	REG. NO.	0 8348
I NAME OF DECEASED  TYPE SINCE O, SAMUEL VINCENT		2. DATE AND	HOUR OF DEATH	1 5:30A M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If institu	nion: residence before edmission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	TUTION, GIVE STREET	MARYLAND c. CITY OR TOWN	D. INSIDE	21229 CITY LIMITS?
ST AGNES HOSPITAL		BALTIMORE  E. STREET AND NUMBER  4716 VANCOVE		2531
MALE WHITE WIDOWED		8. DATE OF BIRTH 9.	AGE (In years of M	Under 1 Yr. II Under 24 Hrs. Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND Odone during most of working life, even if retired)  CLERK	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Slote or foreign MARYLAND		2. CITIZEN OF WHAT COUNTRY?
ROSARIO ALASCIO	DEC D	14. MOTHER'S MAIDEN NAM (CASCIO) MAR		DE C 1D
15. Was Deceased Ever In U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)  NO	16. SOCIAL SECURITY NO. 218-14-8597A		ORD'S BALTI	MORPAPPASS 21229 ENS & CATON AV
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, il ony, giving rise to the abave cause IA) stoling the UNDERLYING CONDITION tast.  O THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	(B) Cong DUE TO, OR AS	astine H. for A CONSEQUENCE OF: on hagie of	as tribis	***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  1994-DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208 IF YES, WERE FIND	MNGS CONSIDERED
OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	LPLACE OF INJURY (e.g., in ne, form, foctory, street, off )	or about 21 C. WHERE DID ice bldg., INJURY OCCUR?	(II In Bolilmore Cit	y, give exoci location)
	INJURY OCCURRED  Not While At Work	21F. HOW DID INJU	RY OCCUR?	
22. I certify that ⋈ (this hospital) attended that ⋈ (we) last sow the deceased olive on		,	70 to AUGUS	ST 20, 1970
and have ond fram the causes stoted above. (	1X (Me) (q1q) (q14 XXX) X1	ew the bady after death.		
23A. SIGNATURE				, DATE SIGNED
pricha Borniu	OEGREE Phys.		roff A	AUGUST 20, 1970
23C. PHYSICIAN'S PRICHA BOONSWI	WANG DECORE	ST AGNES HOSP	BALTIN ITAL WILKEN	
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C.N.	AME of CEMETERY OF CRE	MATORY 24D. LOC		own, or county) (Stote)
burial 8/24/70 Ne	w Cathedral	Balt	imore, Maryla	and
AUG 2 4. 1970 Jobens E. Jack	OF REGISTRAR	25C. FUNERAL DIRECTOR Witzke 1630 E	dmondson Ave	ADDRESS 21228



Lorraine Park Cem.

25C. FUNERAL DIRECTOR

Woddlawn, Balto. Co..

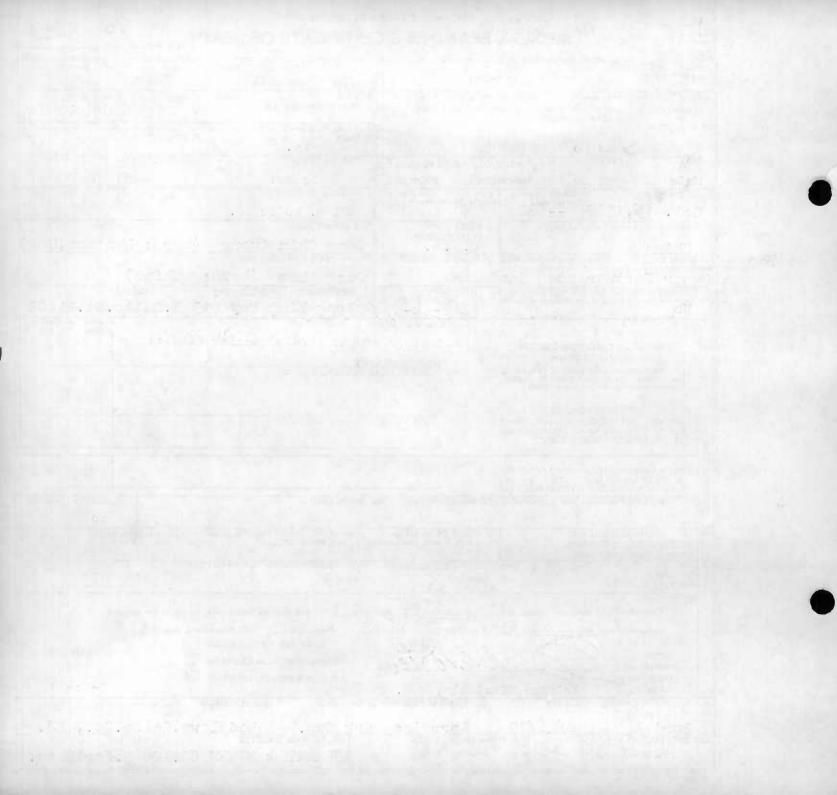
STEWART & MOWEN CO. 108 W. North Av. 1

VS 151-REV. 3/1/68

Burial

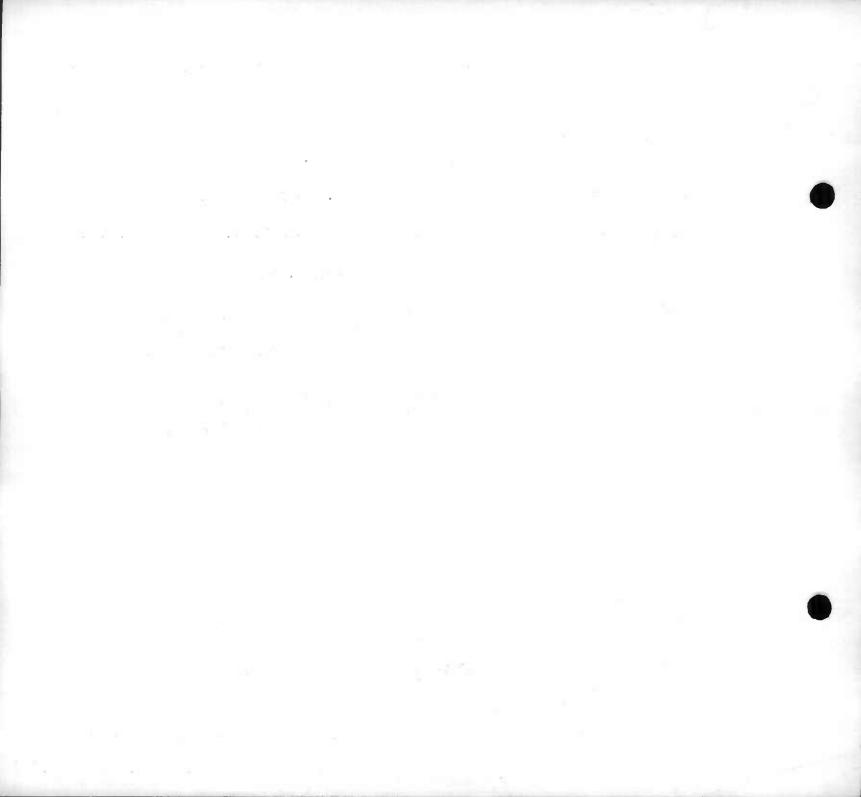
8/26/70

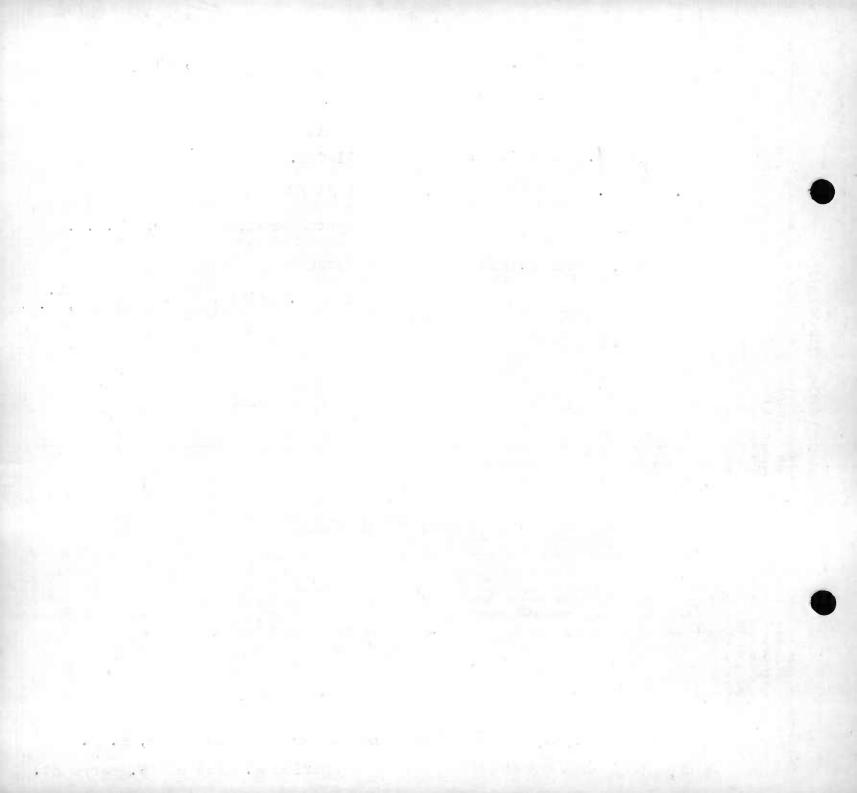
25A. DATE RECORY HEALTH DEPT JOSE NAME OF REGISTRAR



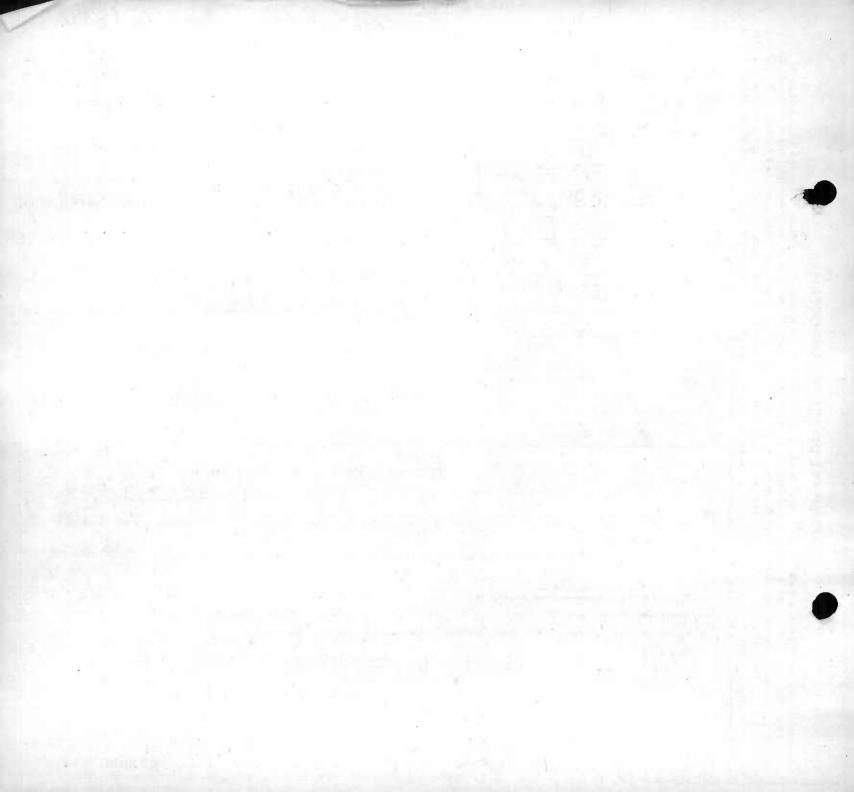
Inis certificate must be approved by the chief medical examiner of his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death; sand (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
--	--

	1-525 70 000	BALTIMORE CITY	HEALTH DEPARTMENT		70 0250		
RIE	3 - 623 70 835	CERTIFICA	TE OF DEATH	REG. NO	8330		
1.1	NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH			
Ľ	pe or Print LAWREN	CE T. JEUS		lugust 13, 1	1970   10 PM		
3.	PLACE IN BALTIMORE, MARYLAND, WHER	PRONOUNCED DEAD	4. USUAL RESIDENCE IWhen	e deceased lived. If in	nstitution: residence before admission)		
FU	ILL NAME OF (IF NOT IN HOSPITAL	OR INSTITUTION, GIVE STREET	Md		1/0/		
IN	DSPITAL DR ADDRESS DR LOCATION	4)	C. CITY OR TOWN	D. INS	IDE CITY LIMITS?		
	3 / Mercy Hospital		Baltimore		YES NO		
~			925 S. Fremo	nt Ava			
5. :	SEX 6. RACE 7. A	Annien Charles and annies Ch			If Under 1 Yr., If Under 24 Hrs.		
	3/-7 - 385 - 1	ARRIED NEVER MARRIED DOWED DIVORCED	Jan. 23, 1906	9. AGE (in years last birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.		
I O A	LUSUAL OCCUPATION (Give kind of work 10B.		11. BIRTHPLACE (Stole or forei	gn country)	12. CITIZEN OF WHAT COUNTRY		
not	De alake an area	7	Brooklyn, N.	v	TT C A		
13.	Bookkeeper Sa	alvation Army	14. MOTHER'S MAIDEN NAM		U.S.A.		
	T1 T-			ALTAI			
5.	Frank Jensen Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	Anna E. Han	sen	ADDRESS		
	Was Deceased Ever in U. S. Armed Farces? s,na or unknown) (If yes, give war at dales of				ADDRE33		
Ċ	loubtful	552-01-825		Salyation			
	18. 4 1	CAUSE OF DEAT	" MYDEAR DIA	HRRLAYI	LUI BETWEEN ONSET AND DEATH		
	DISEASE OR CONDITION DIRECT		/1ha. fore 1/2	. flowell	×= 1		
	(This does not mean the made of dying, e.g.,  (A) IMMEDIATE CAUSE / CONCENTRALE OF THE PROPERTY OF THE PROPERT						
	heart failure, astheria, etc. It means the disease, injury or complication which coused death.)						
	ANTECEDENT CAUSES	Men	caudico de	ed and to	,		
	DISEASES OR CONDITIONS, if any,	giving (8) DUE TO, OR AS	A CONSEQUENCE OF:  S CLERBITÉ HE	afairita			
	rise to the above cause (A) stat	ing the Arterli	s cleratic H	dent dise	ESP		
	UNDERLYING CONDITION lost.	(c)					
z	OTHER SIGNIFICANT CONDITIONS CONTRI	RITINICS					
SE S	TO THE DEATH BUT NOT RELATED TO THE TE DISEASE OR CONDITION GIVEN IN PART 1	PMINAL					
CERTIFICATION	19A-DATE OF OPERATION 19B. CONDITION WAS PERFORM	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	208, IF YES, WERE	FINDINGS CONSIDERED		
ERTI	(3)			IN CERTIFYING CA	USES OF DEATH?		
CALC	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	21B PLACE OF INJURY (e.g., i home, form, foctory, street, or etc.)	or about 21 C. WHERE DID fice bidg., INJURY OCCUR?	(If In Baltimar	re City, give exact location)		
ED	21D-TIME (Month) (Day) (Year) (He	und 21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?			
ξ	(APPROX.)	While At Work Not While Work At Work					
	22. I certify that (*) (this hospital) att			10	10		
	that (4) (we) last saw the deceased of			19to	19		
				n iuchal (ont) obj	nion death occurred on the date		
	ond hour and from the causes stated a	nove: 41 (ue) (did (did uet) v	iew the body offer deoth.		238, DATE SIGNED		
	Poto il A Mal.		nding Med.	Stoff	230, PAIL SIGNED		
	23C. PHYSICIAN'S	LEWY LOEGREE Phy	Director L	Staff Phys.			
	23C. PHYSICIAN'S NAME (Type)	04	ADDRESS				
24.4	PATRICK H. MOL	DNY (VI.) DEGREE					
	A BURIAL CREMATION, 248. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CRI			ty, town, or county) (Stote)		
	Burial 8/20/70	Baltimore Cer		altimore,			
25A		E. Jacoby M.D.	STEWART & MO		08 W. North Av. (1		
15	150-REV. 1/1/68						





		BALTIMORE CITY HEALTH DEPARTMENT			
	ם בס פב	BIRTH NO. 70 8352 CERTIFICATE OF DEATH REG. NO. 70 8352			
	f death f death eceased on the h. Such	1. NAME OF DECEASED 2. RATE AND HOUR OF DEATH			
	h.	(Type or Print)  Eva Queen  A. USUAL RESIDENCE (Vil)ere deceased fived. If institution: residence before admission)  A. STATE  B. COUNTY			
	a de Dot				
1	hospital ise of d (5) Dece ance on death.	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET H. Wary and B. Baltimore HOSPITAL OR ADDRESS OR LOCATION)  TO INSIDE CITY UNITS?			
	a hose; (5, ause) ndan	INSTITUTION D. INSTITUTION			
	ng caus caus afte	Mt. Sinai Nursing Home Bultimore YES NO 1/00)			
	d co	1307 Win Chester ST			
	ibu	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years lost birthday) Months; Doys Hours Min.			
	ntr mtr mtr mg egt	Temale Negro WIDOWED DIVORCED 7/22/87 83			
-	n ite	10A. USUAL OCCUPATION (Sive kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired)			
	de inde	Md. U.S.A.			
	de Cras	13. FATHER'S NAME			
_ ·	÷ 5 (4) × + q	homas Johnson Mamie			
Z	4 5 E	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS			
Z.	istan he d kind; deatl ce or nal c	(Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. 214203298 Bertha Watkins			
R	S + = :=	CAUSE OF DEATH   APPROXIMATE INTERVAL			
MPORT	is as any any nda or	DISEASE OR CONDITION DIRECTLY			
8	Also e of noun atte	(This does not mean the mode of dying, e.g.,  (A) IMMEDIATE CAUSE Cerebrovascular Accident 22 hours  DUE TO, OR AS A CONSEQUENCE OF:			
	ala a	(This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF:			
8	a p d d d	injury or complication which coused death.)			
CTOR	min min fra ho egu	ANTECEDENT CAUSES  (8) Arterio exterotic Cerebrovascular Disase Un Kno.  DISEASES OR CONDITIONS, if any, giving  DUE TO, OR AS A CONSEQUENCE OF:			
ш	× × × × × × × × × × × × × × × × × × ×	DISEASES OR CONDITIONS, if any, giving DUE 10, OR AS A CONSEQUENCE OF:			
DIR	S T. T. G.	UNDERLYING CONDITION last, (C)			
	f medical medical y burns; physicia ian was e remain	11 Diabetes Mellitus Unknown			
AL	our sur ys em	other significant conditions contributing To the Death But not related to the terminal Disease or condition given in Part 1 (A).  Hiterioscleratic Coronary Artery Disease 3 years			
2	E d'are	DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED			
NER	hie Sod	19.8. CONDITION FOR WHICH OPERATION WAS PERFORMED  19.8. CONDITION FOR WHICH OPERATION WAS PERFORMED  20.8. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  20.8. IF YES, WERE FINDINGS CONSIDERED  IN CERTIFYING CAUSES OF DEATH?  21.8. ACCIDENT WAS UNDERLYING 21.8. PLACE OF INJURY (e.g., in or obout 21.C. WHERE DID (If in 80ltimore City, give exact locotion)			
5	by by 2) E t e t phy ore	U 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID   (If in 8 oltimore City, give exact locotion)   OR CONTRIBUTING   CAUSE OF		tal by tal by tal by tal by here No ph befor	DEATH (notify medical examine)
- 1	d by	Q 21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?			
	hos hos hos hos hos hos hos hos hos hos	S OF INJURY (APPROX.) While At Work At Work			
	こら > × E せ	22. I certify that (1) (this hospital) attended the deceased fram August 13 1970 to August 22 1970			
	app to the fan fan (e)	that (1) (we) last saw the deceased alive an August 21 19 70 and that in (my) (cor) opinion death accurred an the dat			
	0700+-	and haur and fram the causes stated abave. (1) (We) (did not) view the bady after death.			
	dent of death must be must be	23A. SIGNATURE			
	2 0	Henry J. Balett M. Doegges Phys. Med. Director Phys. Hugust 22 1972			
	ac acc	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS HAME (Type)			
	y was rely y was rely 1) An acci y.A. at a b d prior to approval	DEGREE 4607-E Ten Lucy RE Dalt, Ma			
		24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)			
		Burial 8-27-70 Mt. Calvery Cemetery Baltimore, Maryland			
	This cer the bod shows: was D.C decease	25A, DATE REC'D BY HEALTH DEPT. 125B, HAME OF REGISTRAR 125C. FUNERAL DIRECTOR V BALLEY ADDRESS			
	sh th	Kelson F.H. 1348 Calhoun St.			



FUNERAL DIRECTOR:

1-520 70	-0-0	HEALTH DEPARTMENT	70 8353					
BIRTH NO.	8353 CERTIFICA	TE OF DEATH REG. NO.						
1. NAME OF DECEASED (Type or Print)	Daw D	2. DATE AND HOUR OF DEA	- A					
3. PLACE IN BALTIMORE MARYLAND, WH	ERE PRONOUNCED DEAD	8.22.70. 2.1	OAM					
		D. COUNTY	institution; residence before odmission					
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCAT	OR INSTITUTION, GIVE STREET	MARYLAND -	15//					
SINAI HOSPITAL C	F BALTIMORE		NSIDE CITY LIMITS?					
110		BALTIMORE E. STREET AND NUMBER	YES NO					
42		11 A	ENLIE					
5. SEX   6. RACE   7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	Il Under 1 Yr., Il Under 24 Hrs					
MACE NEGRO	WIDOWED DIVORCED	11.25.10.  ost birthdoy  50	I Adometra i Davis i Maria i Adi					
10A. USUAL OCCUPATION (Give kind of work 1)	B KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY					
Fort Meade	RETIRED.	Md.	U.S.A					
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	U. 2. H.					
Wade Jone	S	The state of the s						
5. Was Deceased Ever in U. S. Armed Force	1 6. SOCIAL	17. INFORMANT	ADDRESS					
(Yes, no ar unknown) (If yes, give war or dotes	of service) SECURITY NO.		VDDKE22					
18. 26 / //	CAUSE OF DEAT	Elizabeth Jones	same					
DISEASE OR CONDITION DIREC			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
LEADING TO DEATH		Care D						
(A)IMMEDIATE CAUSE CARDION ESPIRATORY ARREST.								
hearl failure, asthenia, etc. It means th	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)							
ANTECEDENT CAUSES								
DISEASES OR CONDITIONS, if any	(B) JUB-HK	ACHNOID HAEMORRUAGE.						
rise to the above cause (A) st	aline the							
UNDERLYING CONDITION last.	(c) 174 PEK 1	ension - Ascup						
7 11								
OTHER SIGNIFICANT CONDITIONS CONTI ID THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART I 179A. DATE OF OPERATION 1798. CONDITION WAS PERFOR	RIBUTING							
DISEASE OR CONDITION GIVEN IN PART 1	(A).		***************************************					
19A. DATE OF OPERATION 198. CONDIT	MED	20 A. AUTOPSY? (Yes or No.) 20B. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?					
U 21A. ACCIDENT WAS UNDERLYING	218 PLACE OF INJURY (e.g., in	163						
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	home, form, foctory, street, of	ice bldg., INJURY OCCUR?	nore City, give exact location)					
S S S S S S S S S S S S S S S S S S S								
S OF INJURY	Hour 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?						
(APPROX)	While At Not While At Work							
23A. SIGNATURE	23A SIGNATURE							
law	ding Med. Stoff	238, DATE SIGNED						
23C.PHYSICIAN'S	DEGREE	Director Phys.	8.22.70.					
NAME (Type) TAXVIR	A ALLIANI	SINAT HOSPITAL	OF BACTIMORY					
1 7777 (15)	DEGREE		OF WITCHINOR					
REMOVAL (Specify) 248, DATE	24C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION	City, town, or countyl     Stotel					
Burial 8-26-70	Cannon Mam D.		ATTEMEDIUS BRID					
25A. DATE REC'D BY HEALTH DEPT. 25	Carver Mem. P.	25C FILMERAL DIRECTOR	ADDRESS					
	Ja Ban M.D.	V. Bal.	Ley					
(6.15)		Kelson F. H. 1348 C	lhoun St.					



FUNERAL DIRECTOR:

N 120	BALTIMORE CITY	HEALTH DEPARTMENT		770			
6-432 70 835	A CERTIFICA	TE OF DEATH	REG. NO	.70 8354			
NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH				
	DSTEIN	8-1	18/70	17.20 A			
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRON	OUNCED DEAD	4. USUAL RESIDENCE (When	e doceosed livod. If in	stitution: residence before admission			
FULL NAME OF (IF NOT IN HOSPITAL OR INST	TUTION, GIVE STREET	MARYLAND		1301			
HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INS	IDE CITY LIMITS?			
37MERRY HOSPITAL		BALTIMORE		YES NO			
) THEREY 1003 FITTIS		E. STREET AND NUMBER		D			
S SEX 6. RACE 7. 444 PRIST		8. DATE OF BIRTH	N AVENUE, A				
6. RACE 7. MARRIED WIDOWEI	DIVORCED	12/25/91	ost birthdoyl	Months Doys Hours Min.			
OA, USUAL OCCUPATION (Give kind of work 10 B, KIND of some during most of working life, even if retired)	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of foreign		12. CITIZEN OF WHAT COUNTR			
	HOME	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X POLAND	USA			
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	and the second	MAN			
ISSAE ROSEN		JOHANNA	SALTZ	XXXXXXXX			
5. Was Deceased Ever in U. S. Armad Forces? Yas, no or unknown) (If yas, give war or datas of sarvica)	1 6. SOCIAL SECURITY NO.	17. INFORMANT MRS. F	LORINE PUMP	IAN ADDRESS			
NO		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXX 3912 P	INKNEY RD. #21215			
18. / 6 2 . / 1	CAUSE OF DEAT			APPROXIMATE INTERVAL			
DISEASE OR CONDITION DIRECTLY		000	0.0	BETWEEN ONSET AND DEAT			
LEADING TO DEATH	(A) IMMEDIATE CAL		cell caras	rom			
heart lailure, asthenia, etc. It means the disease	eart lailure, asthenia, etc. It means the disease.						
injury or complication which caused death.)  ANTECEDENT CAUSES		H. Carl	)				
	(B)	A CONSEQUENCE OF:	**************	***************************************			
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	DUE 10, OR AS	A CONSEQUENCE OF:					
UNDERLYING CONDITION last.	(C)			**********************			
11							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).							
	WHICH OPERATION	20A. AUTOPSY? (Yos or No)	20B. IF YES. WERE I	FINDINGS CONSIDERED			
19A-DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED			IN CERTIFYING CAL	USES OF DEATH?			
	R PLACE OF INJURY (e.g., in me, form, foctory, street, of	or obout 21C. WHERE DID	(tf in Boltimore	e City, give exact location)			
	E INJURY OCCURRED	21F. HOW DID INJU	INV OCCUPS				
(APPROY)	hile At D Not While		RI OCCOR!				
22. I certify that (1) (this hospital) ottended	the deceased fram	7/12/ 1	70 to X	1/8/ 1970			
that (1) (we) last sow the deceased office an.	8/15/	19 70 and the	t In (my) (aur) opli	nian death accurred on the dat			
ond hour and from the causes stated above.	(1) (We) (dld) (dld not) v	lew the body after death.					
23A. SIGNATURE				23 B. DATE SIGNED			
Kdumi	DEGREE Phys	nding Med.	Staff Phys.	418/70			
23C. PHYSICIAN'S NAME (Typo) KYI K LW	IN	3D. ADDRESS Mercy	Hospital	7			
A. BURIAL CREMATION, 24B. DATE 24C.N	AME of CEMETERY of CRE	MATORY 24D. LO	CATION (Cit	y, town, or county) (State)			
	BREW FRIENDSHI	P BALT	IMORE, MARY				
	OF REGISTRAR		<u> </u>				
IG 2 1 1970 Paber E. Jaben, M	. D.	SOL LEVINSON	BROS.,6010	REISTERSTOWN ROA			
C 160 0EV 1/1/40							

in a man 19th Selection of the select BALTIMORE CITY HEALTH DEPARTMENT

NO

Hours

If Under 24 Hrs.

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VS 150-REV. 1/1/68

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DIRECTOR:

FUNERAL

VS 150-REV. 1/1/6B

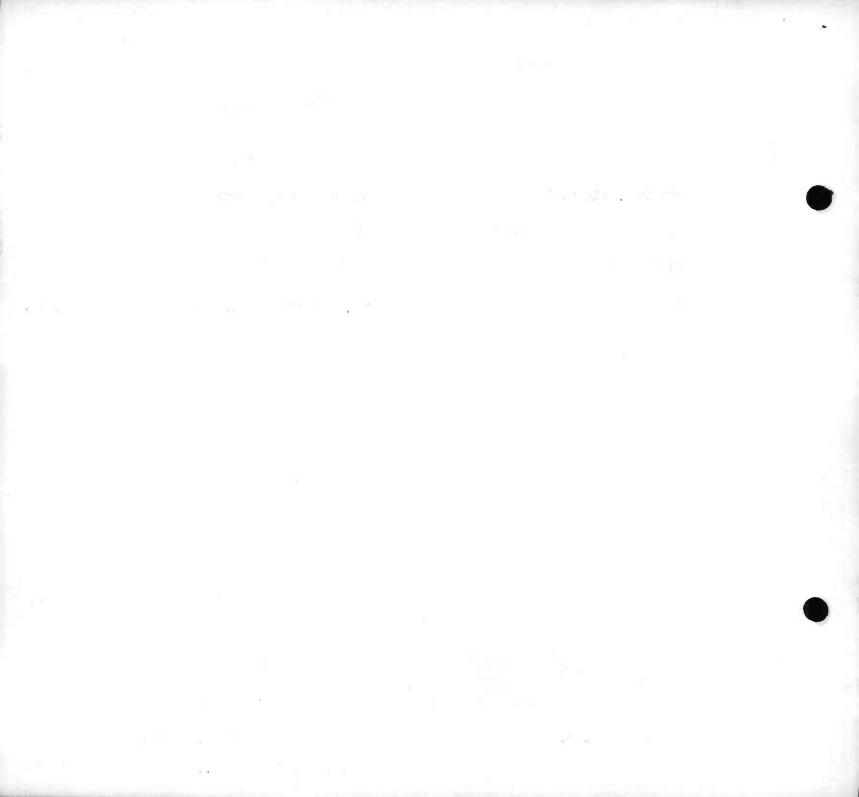
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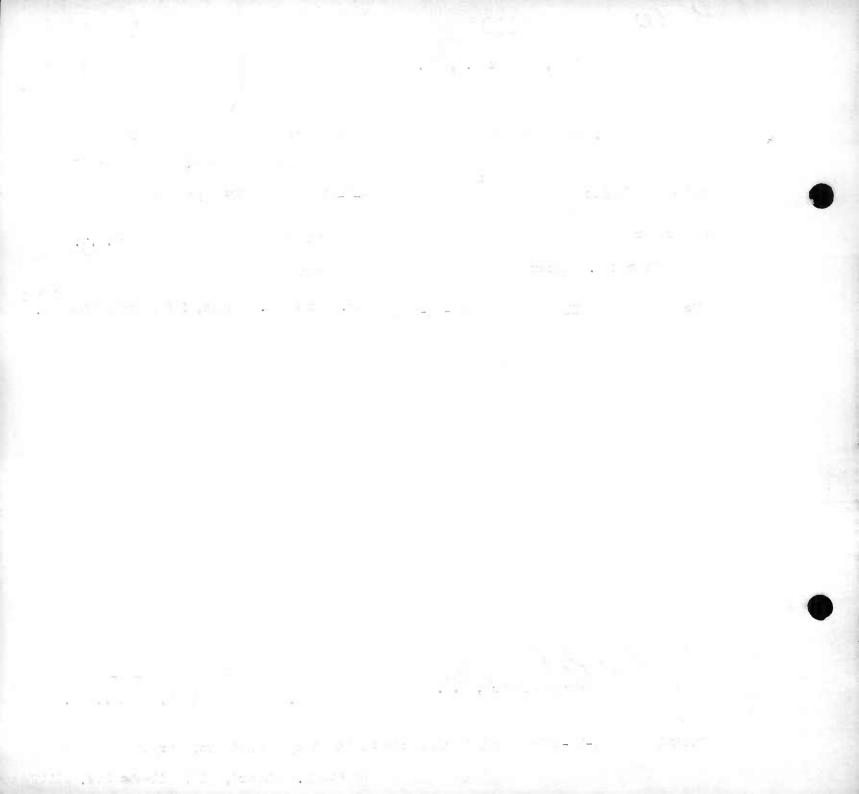
The state of the s

7 1-2 100 0-1	BALTIMORE CITY	HEALTH DEPARTMENT	,	20 020
G-430 70 8358 BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	70 8358
1. NAME OF DECEASED		2. DATE AN	ID HOUR OF DEATH	
(Type or Print) YETTA GOOD			8-20-1	970 10:40 AM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRON FULL NAME OF (IF NOT IN HOSPITAL OR INST		A. STATE B. COUN MARYLAND	re deceased lived. If	institution: residence befare admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INST ADDRESS OR LOCATION)	HUHON, GIVE SIKEEL	C. CITY OR TOWN	D. IN:	SIDE CITY LIMITS?
LevinoALE HEE	REW HOME	BALTIMORE		YES NO
9/		E. STREET AND NUMBER		
/ *		2508 SUMMERS	SON ROAD #	21209
5. SEX 6. RACE 7. MARRIE	NEVER MARRIED X	8. DATE OF BIRTH	9. AGE (in years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
EMALEXXXXXWHITE   WIDOWE		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXX (80	Total Total
10A, USUAL OCCUPATION (Give kind of work 10B, KIND (done during most of working life, even if refired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stalo or fore	gri country)	12. CITIZEN OF WHAT COUNTRY
SEAMSTRESS (LO)	THING	RUSSIA		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
LEWIS GOLD		RIFKA GOLDBE	ERG	
15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (If yes, give wor or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS #8
NO		MRS. SELMA RICKI	LIN. 2 STON	EHENGE CIRCLE, APT.1
18. 4. 1. 7. 3.	CAUSE OF DEAT			APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY			1/	SETWEEN ONSET AND DEATH
LEADING TO DEATH	(A)IMMEDIATE CAU	ISE ARTERIOSCIE	Poricher	DISEAS YEARS
(This does not meon the mode of dying, e.g heart failure, asthenio, etc. It means the diseas:	DUE TO OR AC	A CONSEQUENCE OF:	A & ( . C & C & C & C & C & C & C & C & C & C	Kanima Talahili Tan anaftan atau ah ah ah a ta da da da da da da da da da da da da da
injury ar complication which caused death.)				
ANTECEDENT CAUSES	/p\			
DISEASES OR CONDITIONS, if any, givin	DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the above cause IA) stating the UNDERLYING CONDITION lost.	e (c)			1
	(6)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	,			
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	*****************			***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED  21A-ACCIDENT WAS UNDERLYING 1	WHICH OPERATION	20A. AUTOPSY? (Yes or No.	20B, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
	B. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If In Boltimo	re City, give exact location)
Z DEATH (notify medical examine)	me, form, fociory, street, of	ince plog., INJURT OCCUR?		
DEATH (notify medical examines) et al. (Hour) 21 D-TIME (Month) (Day) (Year) (Hour) 21 OF INJURY	E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
~ I(APPROY)	hile At Not While	-		
W	ork L At Work			
22. I certify that (1) (this haspital) attended			9 65 to	8-20 1920
that (t) (we) lost sow the deceased alive on			ot in (m <del>y)</del> (our) op	Inion death occurred on the date
and hour and from the causes stated abave	(H=(We) (did) (did mot) v	lew the bady after death.		
23A. SIGNATURE	1/			23B DATE SIGNED
Trudret .	7 DEGREE Phys	nding Med.	Staff Phys.	8-20-1970
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	DDL: 1101-77	
THEODORE R-KelF	F, MD DEGREE	LEVINDALE HEB	REW HOME	
	AME of CEMETERY OF CRE	MATORY 24D. LC	OCATION (C	ity, town, or county) (Stotel
	BREW YOUNG MEN	BAL	TIMORE, MAR	RYLAND
25A. DATE REC'D BY HEALTH DEPT.   25B. NAME	OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
AUG 24 1970 Robert E Jabe	MD.		BROS.,6010	REISTERSTOWN ROAD
V\$ 150-REV, 1/1/68				



FUNERAL DIRECTOR:

R 211			BALTIMORE CITY	Y HEALTH DEPARTMENT			West des
BIRTH NO.	70	8359	CERTIFICA	TE OF DEATH	REG. NO	70	8359
NAME OF DECE		Ernest	W., SR.	2. DATE AN 8-19-	D HOUR OF DEATH		12.00 MN
. PLACE IN BALT	IMORE MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. Il is	nstitution: rosiden	12:00 MN
FULL NAME OF HOSPITAL OR	ADDRESS OR LOCA	ATION)	UTION, GIVE STREET	MARYLAND C. CITY OR TOWN		IDE CITY LIMITS:	006
40	ST. AGNES	HOSPITA	AL	Baltimore  E. STREET AND NUMBER  3024 Stricklar	nd Street	YES X	NO []
- SEX	6. RACE	7. MARRIED	NEVER MARRIED	<u> </u>	AGE (In years	Zone 2:	
Male	White	WIDOWED		9-7-11	ost birthdoy 58	Months Doys	Hours Min.
OA. USUAL OCCU	PATION (Give kind of work orking life, even if retired)	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or foreign	gn country)	12. CITIZEN C	PE WHAT COUNTRY
Cab Drive	·			Maryland		11.5	S.A.
FATHER'S NAM				14. MOTHER'S MAIDEN NAM	\ E	0 33	
	nest W. Ritte			Bessie			
. Wos Deceosed I es, no or unknown)	ver in U. S. Armod For III yes, givo war or dote	ces? s of service)	SECURITY NO.	17. INFORMANT		ADD	RESS 21226
Yes	WWII		220-01-5217	Mrs. Marian L.	Ritter, 302	4 Strick	21223
18. 4/10	11		CAUSE OF DEATH		, , , ,	APPI	ROXIMATE INTERVAL EN ONSET AND DEATH
DISEASES OR SEED OF CONTRIBUTE	I mean the mode of silvenic, etc. it means to silvenic educated with the coursed with the course of	the disease, death.)  any, giving stating the MIRIBUTING IE TERMINAL 1 (A).  DITION FOR WORMED  21 B. home etc.)	(B) DUE TO, OR AS  (C)  WHICH OPERATION  PLACE OF INJURY (e.g., Inc., of form, loctory, street, off	CONSEQUENCE OF:  CONSEQ		FINDINGS CONSUSES OF DEATH	17
OF INJURY (APPROX.)	violinia (20)7 (1eon		o At   Not While	21F. HOW DID INJU	RY OCCUR?		
22. I certify th	at (1) (this haspital)	attended th	e deceased from	19	ta		10
that (i) (we) lo	st saw the deceased	olive on	*****************	19ond that	in(my) (our) onin	ian death acc	19
and hour and f	ram the causes state	ad above. (1)	(We) (did) (did not) vi	ew the bady after death.		23B, DATE SIGN	
23C. PHYSICIAN NAME (Type	George	Patrick	OEGREE Phys.	Director P	hoff X	8-20-70	0
			OFGREE	St. Agne	s Hospital	, Balto.,	, Md.
REMOVAL (Spe	ATION, 248. DATE	24C. NA	ME OF CEMETERY OF CREA	MATORY 24D. LOC	CATION (City	, town, or count	y) (Stote)
Burial	8-24-197	70 Ba	ltimore Nation	al Cemetery Bal	ltimore, Ma:	ryland	
ALIC 9 4 40		TOP NAME O	REGISTRAK	25C. FUNERAL DIRECTOR		AD	DRESS
150-REV. 1/1/68	10 Paber E.	Vailey !	14	Howard H. Hubba	ard, 4107 W	ilkens A	ve. 21229



BIRTH	-650	70	8360		HEALTH DEPARTME			8360
1.NAM (Type o	TE OF DECEASED MORAN	I, BERTH				TE AND HOUR OF DEA		1:30P
FULL I			OR INSTITU	NGED DEAD	A. USUAL RESIDENCE A. STATE B. MARYLAND C. CITY OR TOWN	(Where deceased lived.		5300
4	O ST.	AGNES	HOSPIT	AL	E. STREET AND NUM 1140 LINI	E ARBUTUS BER	YES	№ Й
FEM		TE	WIDOWED	NEVER MARRIED DIVORCED	03/17/98	9. AGE (In years last bighday) 72	If Under Months	1 Yr. if Under 24 Hr. Doys Hours Min.
RET	IRED SEAMS	even if refired)	B. KIND OF	BUSINESS OR INDUSTRY	VIRGINIA	or foreign country)		EN OF WHAT COUNTS
WIL	LIS KARNE				MARY (NEE	LAMBERT ) KA	RNER	
NON	Deceased Ever in U. or unknown) (If yes, gi	S. Armed Force	s? of service)	6. SOCIAL SECURITY NO. 217-01-0274	ST. AGNES	ouise M. Gilc S HOSPITAL	hriest, RECORD	TP455 Linden
18.	is does not mean	TO DEATH	ving. e.g.	(A) IMMEDIATE CAL	H Congesti	ive heart of	the same of the sa	
hec	it lailute, asthenia, ity of camplication	eic. It means th	e disease.		Emphyses	ner.		
กรด	EASES OR COND to the abave DERLYING CONDIT	cause (A) s	y, giving lating the	(C)	A CONSEQUENCE OF:			
ATION OI TO	IER SIGNIFICANT COI THE DEATH BUT NOT EASE OR CONDITION	RELATED TO THE	TERMINAL		***************************************			
EC	DATE OF OPERATIO	WAS PERFO	RMED		1// 0	or No. 20B. IF YES, WE IN CERTIFYING	RE FINDINGS CAUSES OF D	CONSIDERED EATH?
DEA DEA	ACCIDENT WAS U CONTRIBUTING C TH (notify medical ex		home,	LACE OF INJURY (e.g., in form, fociory, street, of	ice bidg., INJURY OCCL	1D (II In Bolti IR?	more City, give	exect lecetion)
E (API	PROX.)		While Work	At Work	' 🗆	NIURY OCCUR?		
that	(I) (we) last saw	the deceased	alive on_A		19 <u>70</u> a	19 / Ota AU		
23A.	SIGNATURE 3	causes stated		(We) (did) (did nat) v	nding Med. [	oth.  Staff D	238. DAFE	- \$1GNED - 20-70
		MS, M.D		DEGREE	ST. AGNES	MORE, MARYL HOSP; CATON	& WIL	229 KENS AVES.
Bu	RIAL CREMATION, MOVAL (Specify)	8-24-197	0 Loud	on Park Ceme	tery	saltimore, Ma	city, town, or ryland	county) (Stote)
AL	IG 2.4.1970 REV. 1/1/68		R NAME OF		25C. FUNERAL DIRE Howard H.	CTOR Hubbard, 410	7 Wilke	ADDRESS ns Ave. 21229

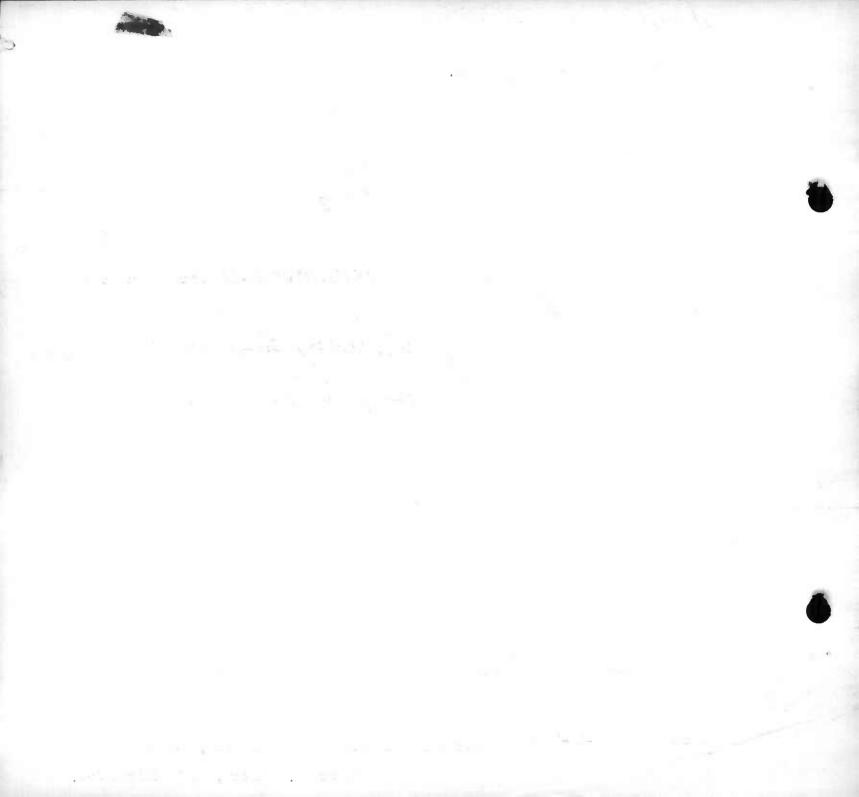
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اللها . والمالة ، ولمن المناسوسية ، أَمَالُوا المناسوسية ، أَمَالُوا المناسوسية ، أَمَالُوا المناسوسية ،

DIRECTOR:

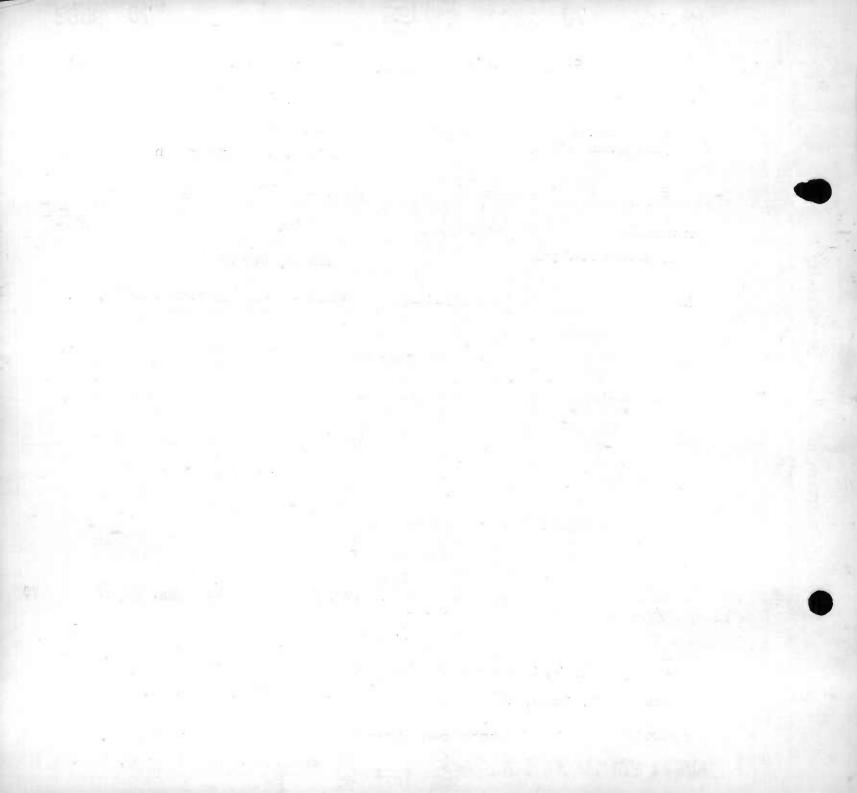
FUNERAL

VS 150-REV. 1/1/68



VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT



V\$ 150-REV. 1/1/68



NO

Hours

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(Stotel

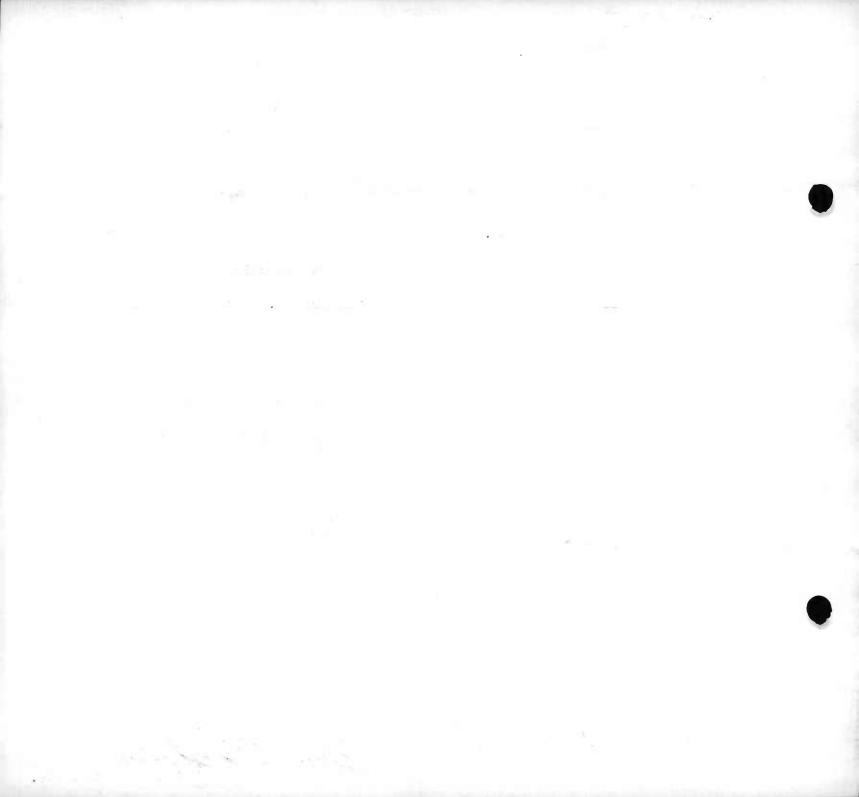
ADDRESS

If Under 24 Hrs.

IMPORTANT DIRECTOR: FUNERAL

VS 150-REV. 1/1/68

occurred





VS 150-REV. 1/1/68



O VS 151-REV. 1/1/68

25A. DATE REC'D BY HEALTH DEPT.

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3331 Brehms Lane

25C FUNERAL DIRECTOR Funeral Home, Inc.

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IMPORTANT

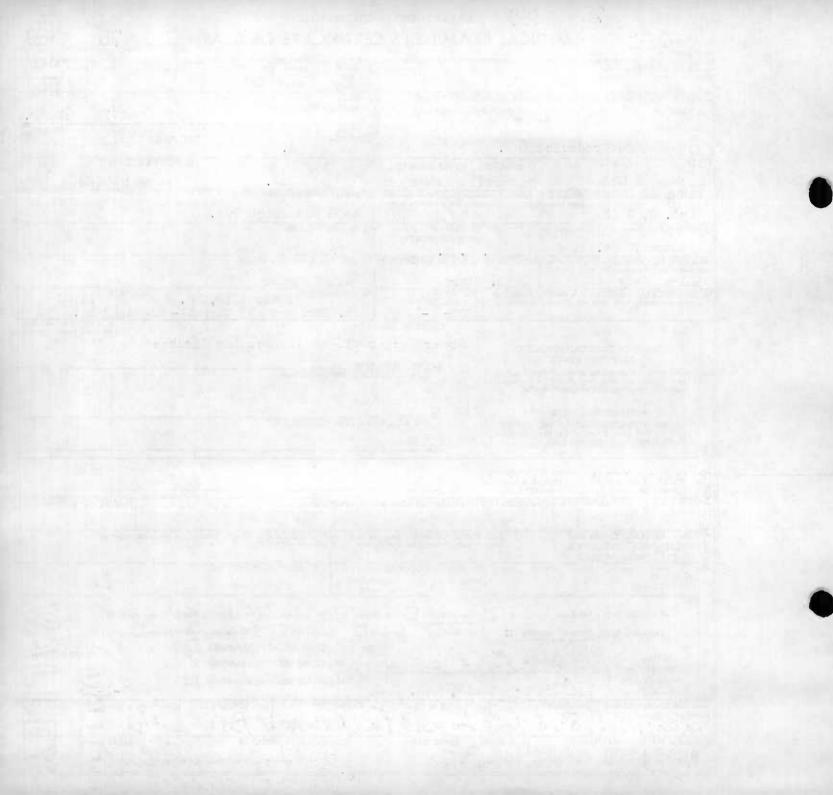
DIRECTOR:

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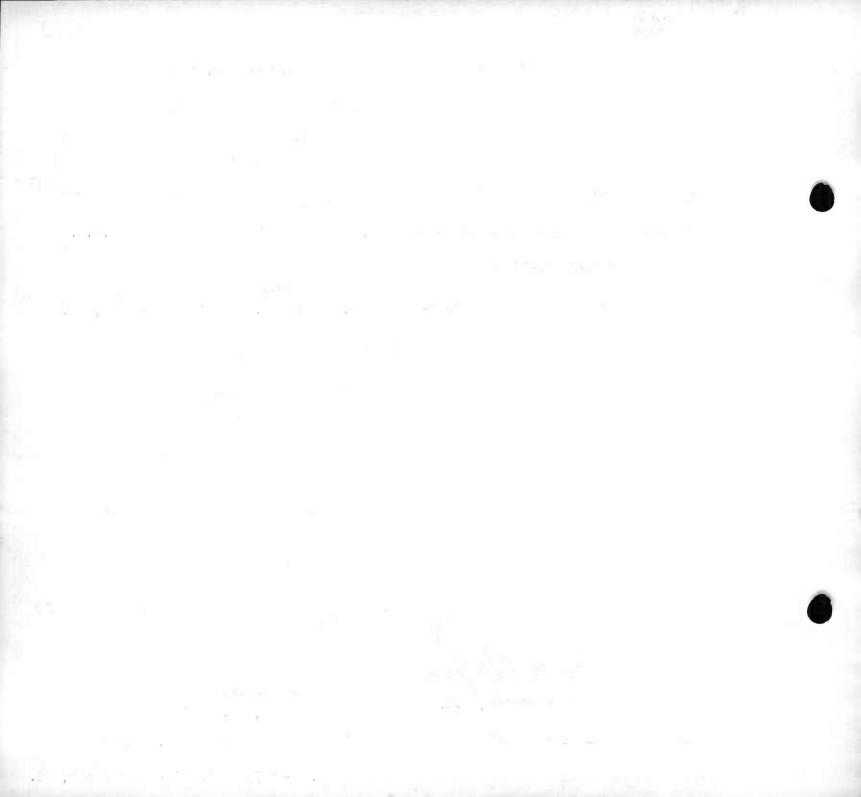
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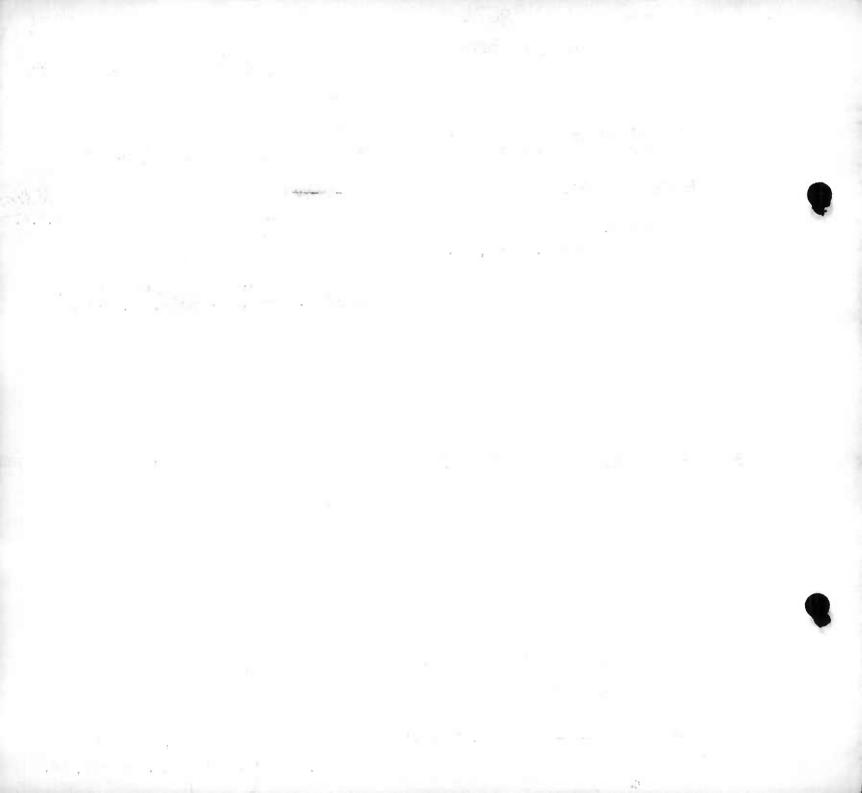
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VS 151-REV, 1/1/68



BIRTH	522	70	8370	BALTIMORE CITY CERTIFICA			G. NO	70 8370
1.NA	ME OF DECEA		W. PAN			2. DATE AND HOUR		
3. PL	ACE IN BALTIA	ORE MARYLAND, W			II HEHAL BEELE	August 18		
FULL	NAME OF		AL OR INSTIT	UTION, GIVE STREET	Maryland	Bal	d lived. If institut timore	tion: residence before odmiss
INSTIT	ЙОПИ				c. CITY OR TOW	• •	D. INSIDE C	
3:	3 Joh	ns Hopkins	Hospita'	1	E. STREET AND		YES	5 NO 🔼
			oopi oa	-			rmand Roa	ıd
5. SEX	6.	RACE	7- MARRIED	X NEVER MARRIED	8. DATE OF BIRT		yoors II	Under 1 Yr. II Under 24 inths: Doys Hours Mir
Ma		White	WIDOWED	DIVORCED	7-3-19	23 lost birthdo	4/	onths Doys Hours Mir
IOA, U	SUAL OCCUPA	TION (Give kind of work king life, even if retired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or foreign country)	12.	CITIZEN OF WHAT COUN
	lesman		Camhy	Coin Machine	o. Penns	ylvania		U.S.A.
13. FA	THER'S NAME				14. MOTHER'S A	AAIDEN NAME		-
		Michael Pa	nchison			E	lla Stech	
5. Wo	s Decoosed Ev	er in U. S. Armed Fore	es?	1 6. SOCIAL	17. INFORMANT	Wife:		202 Posts
604	lo	you, give well of dole	of services	179-18-3458		res A. Pancl		indalk, Md. 212
18.	410	.01		CAUSE OF DEATI				APPROXIMATE INTERV
	DISEASE	OR CONDITION DIR	ECTLY	acita.	myorus	dial infare	+	BETWEEN ONSET AND DE
(7		ADING TO DEATH	Later Control	(A) IMMEDIATE CAU	SE T			minutes
he	art lariure, asl	mean the mode of henia, etc. It means	the disease.	DUE TO, OR AS	CONSEQUENCE		n	
in	lury or camplic	calian which caused	death.)	Corone	my arter	y disease	and	years.
		TECEDENT CAUSES		(B)	0	I fry nert	Ensin	
ris	e to the	CONDITIONS, if abave cause (A)	iny, giving slaling the	(B)	A CONSEQUENCE	OF:		
2		- 11						
A DI	THE DEATH BEASE OR CON	NT CONDITIONS CON UT NOT RELATED TO TH DITION GIVEN IN PART	E TERMINAL	***************************************				
ERTE		ERATION 198 CONE WAS PERF	ORMED	VHICH OPERATION	NO NO	(Yes or No.) 208, IF Y	ES, WERE FINDI	NGS CONSIDERED OF DEATH?
. OR	A. ACCIDENT N CONTRIBUTION ATH (notify me	WAS UNDERLYING DIG CAUSE OF	21 B. home etc.)	PLACE OF INJURY (e.g., in o, form, factory, street, all	or about 21 C. WH	ERE DID (If	In Baltimore City	, give exoci (acotion)
21 CF	NJURY (M	onth) (Doy) (Year)	IHour 21 E.	INJURY OCCURRED		W DID INJURY OCCU	JR?	
E (AI	PPROX.)		While	e At Not While				
22.	I certify tha	t (1) (this hospital)		e deceased from N	av. 1966	19	· Mau	19 70
		t saw the deceased		4				death accurred an the d
an	d have and fro	am the causes state	ed abave. (1)	(We) (did nat) vi	ew the bady af	ter death.	( · · · · · · · · · · · · · · · · ·	
234	SIGNATURE	///	20 00	. //			23 B.	DATE SIGNED
		XHarl	al D	elpra Atter	ding X Me	d. Staff Phys.	8	7-19-1970
230	NAME (Type)	71	7 7	DEGREE		29 Dundalk		11110
		Ataollah	Golpira			undalk, Md.		
4A. 8	URIAL CREMAT	TION, 248. DATE	24C. NA	ME of CEMETERY of CRE	MATORY	24D. LOCATION		vn, or county) (State)
_	rial	8-22-70	Dul	aney Valley Me	emorial		sville, M	
25A. D			25R NAME O		25C. FUNERAL	DIRECTOR		ADDRESS
/S 150	-REV. 1/1/68	10 Viscosio 4	· vouce	71.04	horm a.	Duda 1722 W.	rae wall	e Dundalk, Md



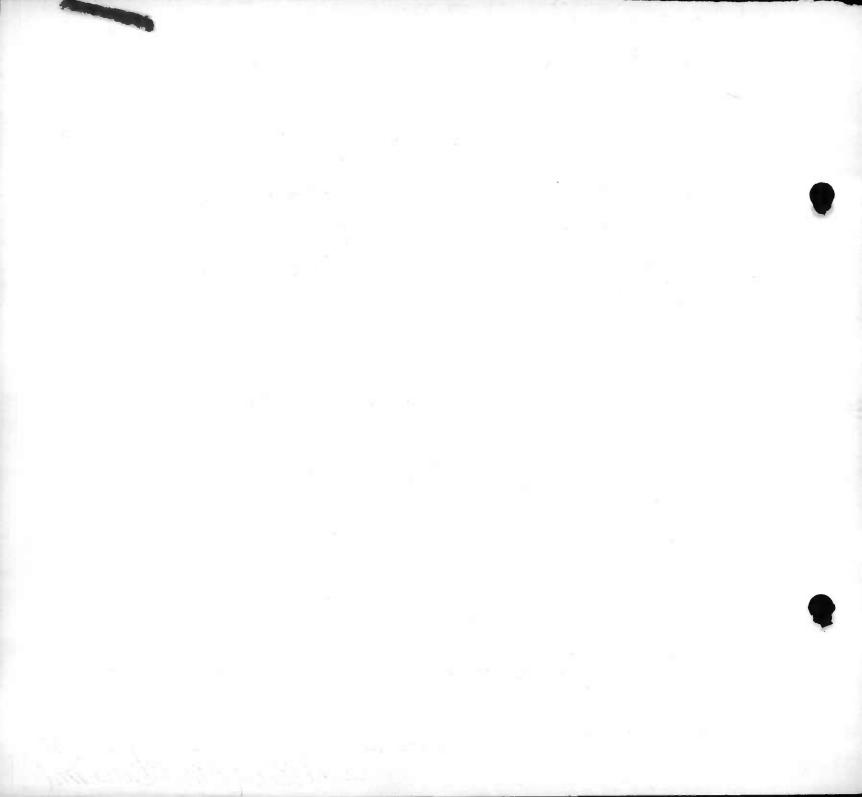


hospital and ise of death (5) Deceased ance on the death. Such	3.	PLACE IN BALTIA	AORE MARYLAND,	WHERE PRONG		TR. A	COUNTY	1970		A M. e admission)
ed in a ring cau d cause; r attend prior to	S IN	DEPITAL OR STITUTION	ADDRESS OR LO	CATION)	HOSPITAL	C. CITY OR TOWN	MORE	D. INSIDE CITYES		
contribucentri	10A	USUAL OCCUP.  during most of wor	rking life, even if retire	WIDOWEL	DENEVER MARRIED DE DIVORCED DE BUSINESS OR INDUSTRY		or foreign country)	50 Mont	Doys Hour	T COUNTRY
r if dea rect or (4) Und was the d	13.	FATHER'S NAME	HARD	GER	METEN	14. MOTHER'S MAID	Y CUNK	:Now k	AULE  )  ADDRESS	K(CAT)
his assistants, if the disparant the disparant the disparant time disparant the disparant the disparant the disparant disparan	(Ye	, no or unknown) (I	f yes, give wor or d	lates of service)	SECURITY NO.	ESTHER	M, GERME	TEN	SAME I APPROXIMA	
- A - D - D - D - D - D - D - D - D - D		(This does not heart failure, as injury or compli	OR CONDITION  ADING TO DEAT  meen the mode thenio, etc. If mee ication which caus  ITECEDENT CAUS  CONDITIONS.	d dying, e.g ons the diseose ed death.)	o,	USE ACUTE LY A CONSEQUENCE OF:  OSCUEDON 6  A CONSEQUENCE OF:				3402
lical examiner of cal examiner. A ns; (3) A fracture ician who pronous in sain regular a regular a	TION	(This does not heart failure, as injury or compliant of the DISEASES OR tise to the UNDERLYING	meon the mode thenio, etc. It meo ication which caus ITECEDENT CAUS CONDITIONS, i abave couse (ACONDITION last.	of dying, e.g. ons the disease death.)  SES  fony, giving the disease	(B) APTER I	USE ACUTE LY A CONSEQUENCE OF: OSCLERONS S A CONSEQUENCE OF:				Zyre
he chief medical examiner of lby a medical examiner. A (2) Body burns; (3) A fracture re the physician who pronoughly significants of the physician was in regular a constitution of the physician was in regular a constitution of the physician was in regular a constitution of the physician was in regular a constitution of the physician was in regular a constitution of the physician was in regular a constitution of the physician was in regular a constitution of the physician was in regular a constitution of the physician was in regular a constitution of the physician was in regular a constitution of the physician was in regular a constitution of the physician was in regular and the physi	CERTIFICATION	This does not heart failure, as injury or compliant of the UNDERLYING OTHER SIGNIFICATOR THE DEATH DISEASE OR CONTRAL OF OR CONTRIBUTION CONTRIBUTION	meon the mode thenio, etc. It meo icidion which caus ITECEDENT CAUS CONDITIONS, i abave couse (ACONDITION last.  ANT CONDITION 1 St.  ANT CONDITION ST.  BUT NOT RELATED TO NOT NOT NOT NOT NOT NOT NOT NOT NOT	of dying, e.g. ins the discost death.)  SES  fony, giving  A) stating the CONTRIBUTING  DITHE TERMINAL PART I [A].  ONDITION FOR TERFORMED	(B) ARTER (DUE TO, OR AS (C)	20A. AUTOPSY? (Ye	S OF NO) 20B. IF YES, IN CERTIFYII	WERE FINDIN NG CAUSES C	DISEASE  GS CONSIDERE	
lical examiner of cal examiner. A fracture ician who pronous is in regular and incomplete in the properties of the call of the	ERTIFICATION	This does not heart failure, as injury or compliant of the complete of the com	meon the mode thenio, etc. It meo ication which caus ITECEDENT CAUS CONDITIONS, i abave couse (ACONDITION last.  ANT CONDITION 1 St.  ANT CONDITION ST.  BUT NOT RELATED TO NOT RELATED TO NOT RELATED TO NOT RELATED TO NOT SERVING WAS PUNDERLYING NOT CAUSE OF	of dying, e.g. ins the discost and death.)  SES  for ony, giving the discost and death.)  CONTRIBUTING THE TERMINAL PART I (A).  ONDITION FOR TERFORMED  121  had et.	(B) APTER I	20A. AUTOPSY? (Ye in or obout 21C. WHERE office bldg., INJURY OCC	S OF NO) 20B. IF YES, IN CERTIFYII	WERE FINDIN NG CAUSES C	DISEASE  GS CONSIDEREI  F DEATH?	
t be approved by the chief medical examiner of sed to the hospital by a medical examiner. A set to the hospital by a medical examiner. A set to fany nature; (2) Body burns; (3) A fracture spital (except where the physician who pronough and (6) No physician was in regular a set to the physician who propose the physician was in regular and the control of the physician was an analysis.	MEDICAL CERTIFICATION	(This does not heart failure, as injury or compliance of the complete of the c	meon the mode thenio, etc. It meo ication which caus ITECEDENT CAUS CONDITIONS, i abave couse (ACONDITION last.  ANT CONDITIONS (BUT NOT RELATED TO NOT RELA	of dying, e.g. ins the discost sed death.)  SES  fony, giving the discost sed death.)  CONTRIBUTING DITHE TERMINAL PART I (A).  ONDITION FOR TERFORMED  (Hour) 21  WW.  Wetal) attended osed alive on set discost disc	g (B) ARTER (C) DUE 10, OR AS (C)  R WHICH OPERATION  IB. PLACE OF INJURY (e.g., or or or or or or or or or or or or or	20A. AUTOPSY? (Ye  20A. AUTOPSY? (Ye  in or obout 21C. WHERE infice bidg., INJURY OCC  21F. HOW D	S OF NOT 208, IF YES, IN CERTIFYIE (If in 12 IN JURY OCCUR?	WERE FINDIN NG CAUSES C	GS CONSIDEREI OF DEATH?  give exoct locotion	n)
pproved by the chief medical examiner or the hospital by a medical examiner. A any nature; (2) Body burns; (3) A fracture (except where the physician who prono is and (6) No physician was in regular and the physician was and the physician was and the physician was an and the physician was an and the physician was an and the physician was an and the physician was an and the physician was an and the physician was an another physician was	MEDICAL CERTIFICATION	(This does not heart failure, as injury or compliance of the complete of the c	meon the mode shenio, etc. It meo ication which caus trecedent CAUS CONDITIONS, is above couse (ACONDITION lost.  ANT CONDITIONS (BUTTON 198. CONDITION STREATED TO NOT RELATED TO NOT RELATED TO NOTION GIVEN IN EMPERATION 198. CONDITION GIVEN IN EMPERATION (Doy) (Yester Street Stree	of dying, e.g. and the discost sed death.)  SES  fony, giving the discost sed death.)  CONTRIBUTING THE TERMINAL PART I (A).  ONDITION FOR TERFORMED  THE TERMINAL PART I (A).  ONDITION FOR TERFORMED  AND CHECK PART I (A).  ONDITION FOR TERFORMED  STATE I (A).  ONDITION FOR TERFORMED  STATE I (A).  STATE I (A)	(B) APTER I  DUE TO, OR AS  (C)	20A. AUTOPSY? (Ye  20A. AUTOPSY? (Ye  21F. HOW D  21F. HOW D  21F. HOW D  21F. HOW D  21F. HOW D  21F. HOW D  21F. HOW D  21F. HOW D	Shoff Phys.	WERE FINDIN NG CAUSES COT) oplnion d	GS CONSIDEREI F DEATH? give exoct locotic	n) 19 70 an the dote

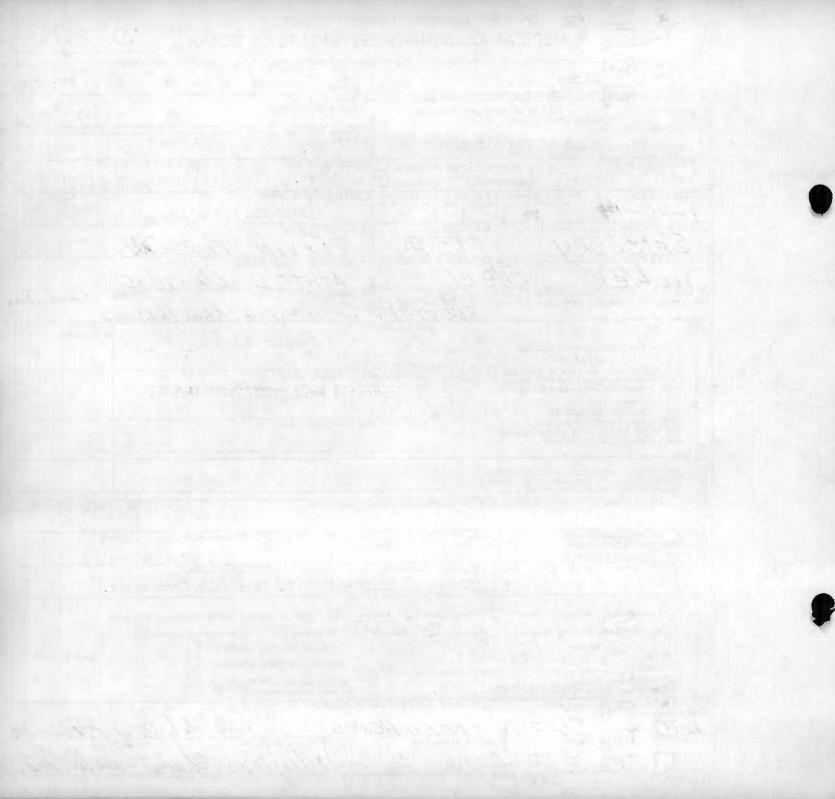


Such

BALTIMORE CITY HEALTH DEPARTMENT	
BIRTH NO.	EG. NO
1. NAME OF DECEASED (Type of Print) C FI FA COLUMN 2. OATE AND HOUR	OF OEATH
0/1 (170	- 11:500 M
FULL NAME OF UF NOT IN HOSPITAL OR INSTITUTION CIVE COURTS	od lived. If institution: residence before admission
HOSPITAL OR AOORESS OR LOCATION)  AOORESS OR LOCATION)  C. CITY OR TOWN	D. INSIDE CITY LIMITS?
UNIVERSITY OF MD. HOSPITAL E. STREET AND NUMBER	YES NO
CH-2-BOX 426	A
5. SEX 6. RACE 7. MARRIED NEVER MARRIED T 8. OATE OF BIRTH 9. AGE (I)	yoors II Under 1 Yt., II Under 24 Hrs.
WIDOWED DIVORCED O O I O O O O O O O O O O O O O O O O	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KINO OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote of loreign country done during most of working life, even if retired)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	Md U.S.A
LURENZO BOWEN 14 MOTHER'S MAJDEN RAME	(1.216)
15. Was Deceased Ever in 11 S Amed Every?	INDIEX
(Yes, no of unknown) (If yes, give wor of dolos of service) SECURITY NO.	AOORESS
18. 2 3 9 4-1 CAUSE OF DEATH	APPROXIMATE INTERVAL
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	BETWEEN ONSET AND DEATH
(This does not meen the mode of duing a g (A)IMMEDIATE CAUSE	
heort loiture, astherio, etc. It means the disease, injury or camplication which caused death.)	
ANTECEDENT CAUSES - Pural Con Turn	10
DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the	V
UNDERLYING CONDITION last (C)	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	0
	ES, WERE FINDINGS CONSIDERED
OR CONTRIBUTING CAUSE OF home, form, foctory, street office bldg., AJURY OCCUR?	In Boltimore City, give exect location)
210. TIME (Month) (Day) (Year (Hour) 21E INJURY OCCURRED 21E HOW OLD INJURY OCCU	87
(APPROX.) While At Work At Work	
22. I certify that (I) (this hospital) attended the deceased from 7/2 70	0 8/17 19 70
that (I) (we) last saw the deceased alive an 19 70 and that In (my)	(aur) apinian death occurred on the date
and haur and fram the causes stated above (1) (We) (did) (did nat) view the body after death.	
1 Cot 0.00 C Pa	238, DATE SIGNEO
23C. PHYSICIAN'S NAME (Type)  Amending Med. Director Phys. 23D. ADDRESS  23D. ADDRESS	8/17/10
NAME (Type)	
24A. BURIAL CREMATION, 24B. OATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION	(City, town, or county) (Stotel
BURIBL. 8-23-70 EVERGEREN 1 BORI	in Work Not.
25A, OATE REC'O BY HEALTH DEPT. ASE, HAME OF REGISTRAR 25C, FUNELAR DIRECTOR	em Chor ADDRES
VS 150-REV. 1/1/68	Wy-Bales. Md



	./U	837	BALTIMORE CITY HE	ALTH DEPARTMENT							
14-62	5 · N	MEDICA	L EXAMINER'S	CERTIFICATE OF	DEATH	70 8374					
BIRTH NO.					REG. N	10.					
1. NAME OF D		Parson		2. DATE Known	Month Day	Year Hour					
4. PLACE IN BA			PRONOUNCED DEAD	DEATH Estimated 3. DATE	8 16	70 12:07 R.					
FULL NAME OF		OSPITAL OR INS	STITUTION, GIVE STREET	PRONOUNCED DEAD	Month Doy 8 16	70 12:07 p <sub>M</sub>					
OR INSTITUTION	50	17 The	Alameda	5. USUAL RESIDENCE (Where A. STATE Md.	e deceased lived. If Institu B. COUNT	tion: residence before odmission)					
6. SEX	7. RACE	8. MAR	RIED NEVER MARRIED	C. CITY OR TOWN	D. INSID	CITY LIMITS?					
male	Negro		WED DIVORCED	Balto.		YES 🖾 NO 🗌					
9. DATE OF BIR		GE (In years Irthdoy) 56	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.		e Alameda	A					
11. BIRTHPLACE	(Stote or loreign coun		12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	PARSO	2/<					
IAA.USUAL OCC	UPATION (Give kind of	work 148. KIN	D OF BUSINESS OR INDUSTR	Y 15. MOTHER'S MAIDEN NA		N.					
Wes	working life, even il rei	57	teel	MATTIE	DANIE	2/5					
16. WAS DECEA	SED EVER IN U.S. Al	RMED FORCE	S? 17. SOCIAL SECURITY NO.	18. INFORMANT	lo 1- 16	ADDRESS SAME above					
19.			CAUSE OF DEA	JIIKIEY J	ACKSONTA	SONS APPROXIMATE INTERVAL					
DISEA	SE OR CONDITION	DIDECTIV		Pulmonary E	Embolism	BETWEEN ONSET AND DEATH					
1	LEADING TO DEAT	Н	(ANIMMEDIATE C	CAUSE							
(This does heart follow	(This does not meen the mode of dying, e.g., heart indiure, osthenia, etc. it means the disease,										
Injury or co	Injury or complication which coused death.)  lacerated left quadriceps muscle										
	NTECEDENT CAUSE		(B)								
RISE TO THE	OR CONDITIONS, IF HE ABOVE CAUSE (A ING CONDITION LA	) STATING THE	DUE 10, OR	AS A CONSEQUENCE OF:							
Z ONDERLI	ING CONDITION D	131.	(c)								
OTHER SIG	NIFICANT CONDITION EATH BUT NOT RELATE	NS CONTRIBU	TING								
The state of	R CONDITION GIVEN	IN PART 1 (A)	INAL								
DISEASE O	TW 71 VI PARKET										
	OF OPERATION 208.	CONDITION	FOR WHICH OPERATION WA	AS PERFORMED		21. AUTOPSY? (Yes or No)					
12/		CONDITION	FOR WHICH OPERATION WA			yes					
22A. EXTE	RNAL CAUSE WAS	CONDITION	FOR WHICH OPERATION WA 228. PLACE OF INJURY (e.g., home, form, foctory, street, office	In or obout 22C, WHERE DID	1 90	yes exact location)					
22A. EXTE UNDERLYN UTING C	RNAL CAUSE WAS	(Year) (Hou	POR WHICH OPERATION W/ 228. PLACE OF INJURY (e.g., home, form, foctory, street, office HOME	In or obout 22C, WHERE DID bldg., etc.) INJURY OCCUR?	5017 The	yes					
22A. EXTER UNDERLYING CO.	RNAL CAUSE WAS G MOR CONTRIB. AUSE OF DEATH.	(Year) (Hou	PLACE OF INJURY (e.g., home, form, factory, street, oillor HOME)  17) 22E, INJURY OCCURRED WHILE AT NOT	In or obout 22C. WHERE DID (bldg., etc.) INJURY OCCUR?	5017 The	yes exact location) Alameda					
22A. EXTER UNDERLYIN UNDERLYIN COFINJURY (APPROX.) 23.	RNAL CAUSE WAS GMOR CONTRIB- AUSE OF DEATH. (Month) (Doy)  8 1	(Year) (Hou	228. PLACE OF INJURY (e.g., home, form, foctory, street, oillow HOME  17) 22E. INJURY OCCURRED.  WHILE AT NOT AT WORK	In or obout 22C. WHERE DID INJURY OCCUR?  22F. HOW DID IN.  WHILE Subject	5017 The JURY OCCUR?	yes exact location) Alameda steps.					
Z2A. EXTEU UNDERLYIN UNDERLYIN UNING ☐ C Z2D. TIME OF INJURY (APPROX.)  23. 1 cer	RNAL CAUSE WAS GMOR CONTRIB- AUSE OF DEATH. (Month) (Doy) 8 1	(Year) (Hou 70 ?	POR WHICH OPERATION W/  228. PLACE OF INJURY (e.g., home, form, foctory, street, oillor HOME  T) 22E, INJURY OCCURRED  WHILE AT NOT AT W  Inspection Au	In or obout 22C. WHERE DID INJURY OCCUR?  22F. HOW DID IN. WHILE X Subjectopsy X and that on the	5017 The JURY OCCUR?  ct fell down	yes exoct location) Alameda steps.					
Z2A. EXTEU UNDERLYIN UNDERLYIN UNING ☐ C Z2D. TIME OF INJURY (APPROX.)  23. 1 cer	RNAL CAUSE WAS GMOR CONTRIB- AUSE OF DEATH. (Month) (Doy)  8 1	(Year) (Hou 70 ?	228. PLACE OF INJURY (e.g., home, form, foctory, street, oillow HOME  17) 22E. INJURY OCCURRED.  WHILE AT NOT AT WORK	In or obout 22C. WHERE DID (NURY OCCUR?)  22F. HOW DID IN.  WHILE Subjectopsy X and that on the control of the	5017 The JURY OCCUR? et fell down his basis, death in a Undetermined manne	yes exoct location) Alameda steps.					
Z2A. EXTEU UNDERLYIN UNDERLYIN UNING ☐ C Z2D. TIME OF INJURY (APPROX.)  23. 1 cer	RNAL CAUSE WAS GEOR CONTRIB- AUSE OF DEATH. (Month) (Doy) 8 1  rtify that I held an Ited from: Natural	(Year) (Hou 70 ?	POR WHICH OPERATION W/  228. PLACE OF INJURY (e.g., home, form, foctory, street, oillor HOME  T) 22E, INJURY OCCURRED  WHILE AT NOT AT W  Inspection Au	In or obout 22C. WHERE DID (bldg., etc.) INJURY OCCUR?  22F. HOW DID IN.  Subjectopsy X and that on the Homicide Chief Medical E	5017 The JURY OCCUR?  et fell down  its basis, death in a  Undetermined manner  EXAMINER	yes exoct location) Alameda steps.					
22A. EXTENDED TO SERVICE OF INJURY (APPROX.)  23. 1 ceres of a control of the con	RNAL CAUSE WAS GMOR CONTRIB- AUSE OF DEATH. (Month) (Doy) 8 1  rtify that I held an Ited from: Natural	(Year) (Hou 70 ?	POR WHICH OPERATION W/  228. PLACE OF INJURY (e.g., home, form, foctory, street, oillor HOME  T) 22E, INJURY OCCURRED  WHILE AT NOT AT W  Inspection Au	In or obout 22C. WHERE DID (bldg., etc.) INJURY OCCUR?  22F. HOW DID IN.  Subjectopsy XX and that on the Homicide Homicide ASSISTANT MEDICAL E	5017 The JURY OCCUR?  Let fell down  Its basis, death in a  Undetermined manner  EXAMINER   EXAMINER	yes  exact location)  Alameda  steps.  ny opinion  DATE SIGNED					
22A. EXTEU UNDERLYM UNDERLYM UNING COF INJURY (APPROX.)  23. 1 ceresu ACTUA SIGNAI EXAMIN NAME (	RNAL CAUSE WAS GEOR CONTRIB- AUSE OF DEATH. (Month) (Doy) 8 1  Ittly that I held an Ited from: Natural L IURE NER'S (Type) Peter	(Year) (Hou 70 ? Inquiry [	228. PLACE OF INJURY (e.g., home, form, foctory, street, oillor HOME   228. INJURY OCCURRED   WHILE AT   NOT   MORK   AT   WORK   Augusta   Accident   X Suicid	In or obout 22C. WHERE DID (bldg., etc.) INJURY OCCUR?  22F. HOW DID IN.  Subjectopsy XX and that on the Homicide Light CHIEF MEDICAL E	5017 The JURY OCCUR?  Let fell down  Its basis, death in a  Undetermined manner  EXAMINER   EXAMINER	yes exoct location) Alameda steps.  ny opinion					
22A. EXTENDED TO SERVICE AND SERVICE ACTUAL SIGNAL EXAMIN NAME.  24A. BURIAL CRE	RNAL CAUSE WAS GEOR CONTRIB- AUSE OF DEATH. (Month) (Doy) 8 1  rtify that I held an Ited from: Natural L IURE NER'S (Type) Peter EMATION, 1248. DA	(Year) (Hou 70 ? Inquiry [ caused [	228. PLACE OF INJURY (e.g., home, form, foctory, street, oilion HOME	In or obout 22C. WHERE DID (bldg, etc.) INJURY OCCUR?  22F. HOW DID IN.  Subjectopsy X and that on the Homicide	5017 The JURY OCCUR?  Let fell down  It basis, death in a  Undetermined manne  EXAMINER   EXAMINER	yes  exact location)  Alameda  steps.  ny opinion  DATE SIGNED					
22A. EXTEL UNDERLYIN UNDERLYIN UTING ☐ CO FINJURY (APPROX.)  23. 1 cer resu ACTUA SIGNATE EXAMIN NAME EXAMIN NAME EXAMIN LEREMOVAL (Special Control of the control of the	RNAL CAUSE WAS GEOR CONTRIBA  AUSE OF DEATH. (Month) (Doy)  8 1  relify that I held an  Ited from: Natural  L  TURE  NET'S (Type) Peter  EMATION,   248. DA	(Year) (Hou 70 ? Inquiry [ caused [	228. PLACE OF INJURY (e.g., home, form, foctory, street, oilion HOME     17   22E. INJURY OCCURRED     WHILE AT   NOT AT WORK   Aut     Accident XK Suicid     M.D.     24C. NAME of CEMETERY	In or obout 22C. WHERE DID (bldg, etc.) INJURY OCCUR?  22F. HOW DID IN.  Subjectopsy X and that on the Homicide	5017 The JURY OCCUR?  Let fell down  It basis, death in a  Undetermined manne  EXAMINER   EXAMINER	yes  exact location) Alameda  steps.  ny opinion  p DATE SIGNED  8/17/70					
22A. EXTEL UNDERLYIN UNDERLYIN UTING ☐ CO FINJURY (APPROX.)  23. 1 cer resu ACTUA SIGNATE EXAMIN NAME EXAMIN NAME EXAMIN LEREMOVAL (Special Control of the control of the	RNAL CAUSE WAS GEOR CONTRIB- AUSE OF DEATH. (Month) (Doy) 8 1  rtify that I held an Ited from: Natural L IURE NER'S (Type) Peter EMATION, 1248. DA	(Year) (Hou 70 ? Inquiry [ caused [	228. PLACE OF INJURY (e.g., home, form, foctory, street, oilide HOME	In or obout 22C. WHERE DID INJURY OCCUR?  22F. HOW DID IN.  WHILE Subjectory X and that on the control of the c	5017 The JURY OCCUR?  Let fell down  Its basis, death in a  Undetermined manner  EXAMINER   EXAMINER   EXAMINER   EXAMINER   LOCATION (City, b)	yes  exact location) Alameda  steps.  ny opinion  p DATE SIGNED  8/17/70					
22A. EXTEL UNDERLYIN UNDERLYIN UTING ☐ CO FINJURY (APPROX.)  23. 1 cer resu ACTUA SIGNATE EXAMIN NAME EXAMIN NAME EXAMIN LEREMOVAL (Special Control of the control of the	RNAL CAUSE WAS GEOR CONTRIB- AUSE OF DEATH. (Month) (Doy) 8 1  rtify that I held an Ited from: Natural L TURE NER'S (Type) Peter EMATION,   248. DA D BY HEALTH DEPT.	(Year) (Hou 70 ? Inquiry [ caused  Lipkov TE 22-76	228. PLACE OF INJURY (e.g., home, form, foctory, street, oilide HOME	In or obout 22C. WHERE DID to bidg., etc.) INJURY OCCUR?  22F. HOW DID IN.  Subjections William Subjection	5017 The JURY OCCUR?  Let fell down  Its basis, death in a  Undetermined manner  EXAMINER   EXAMINER   EXAMINER   EXAMINER   LOCATION (City, b)	yes  exact location)  Alameda  steps.  ny opinion  or   DATE SIGNED  8/17/70  own, or county) (Stote)  ARU MORO MA					



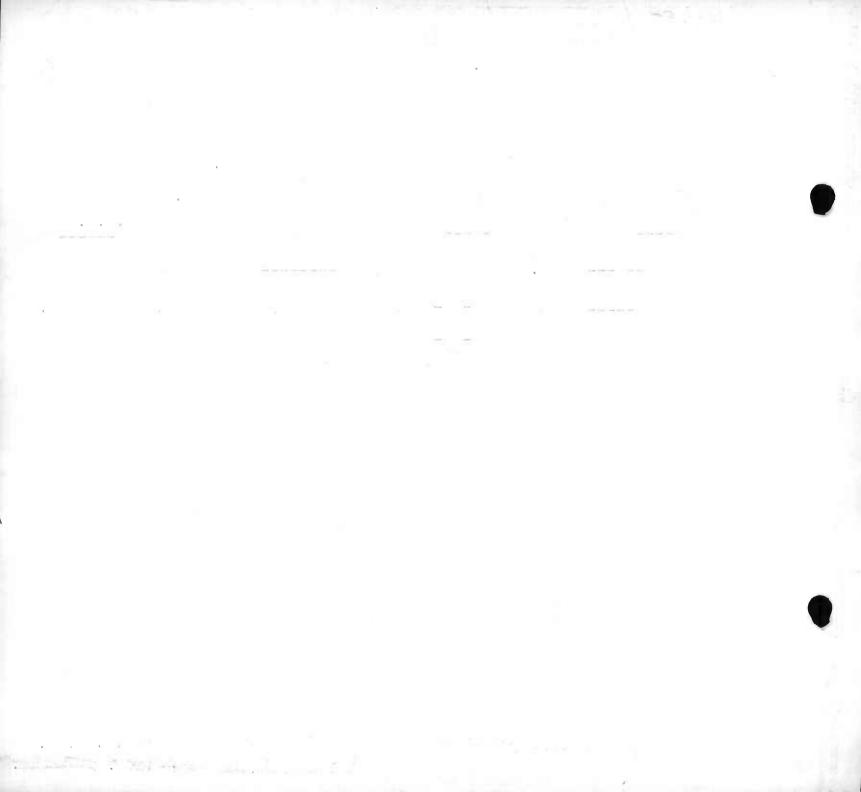
IMPORTANT DIRECTOR: FUNERAL

VS 150-REV. 1/1/68

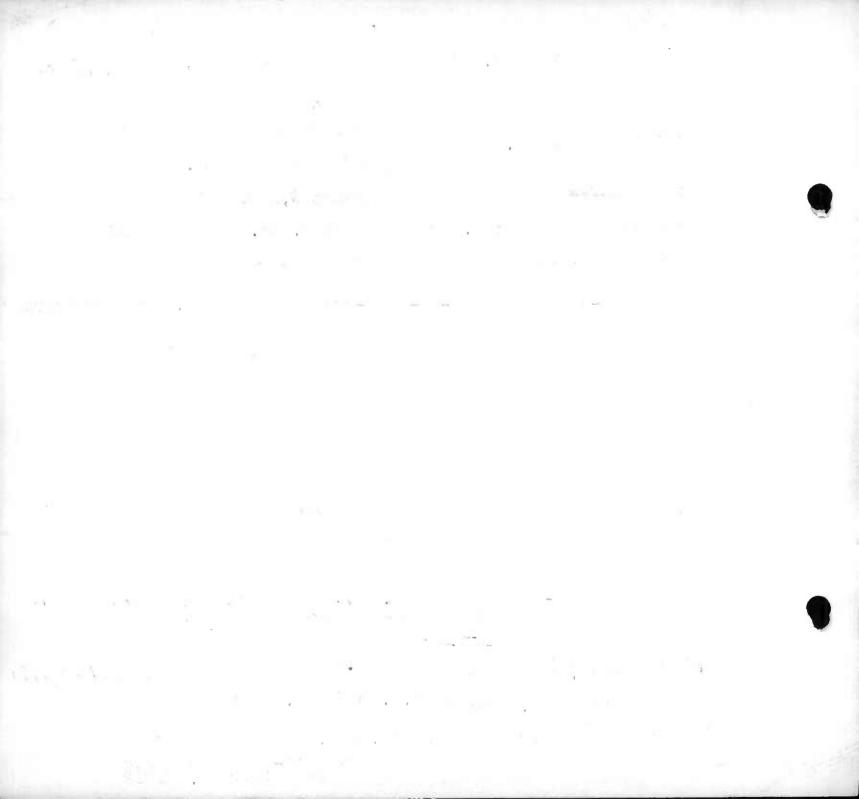
70 INSIDE CITY LIMITS YES A NO Il Under 1 Yr. il Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH (If in Boltimore City, give exact location) 23 B, DATE SIGNED (City, town, or county) a. a. St. Md.

ADDRESS

less



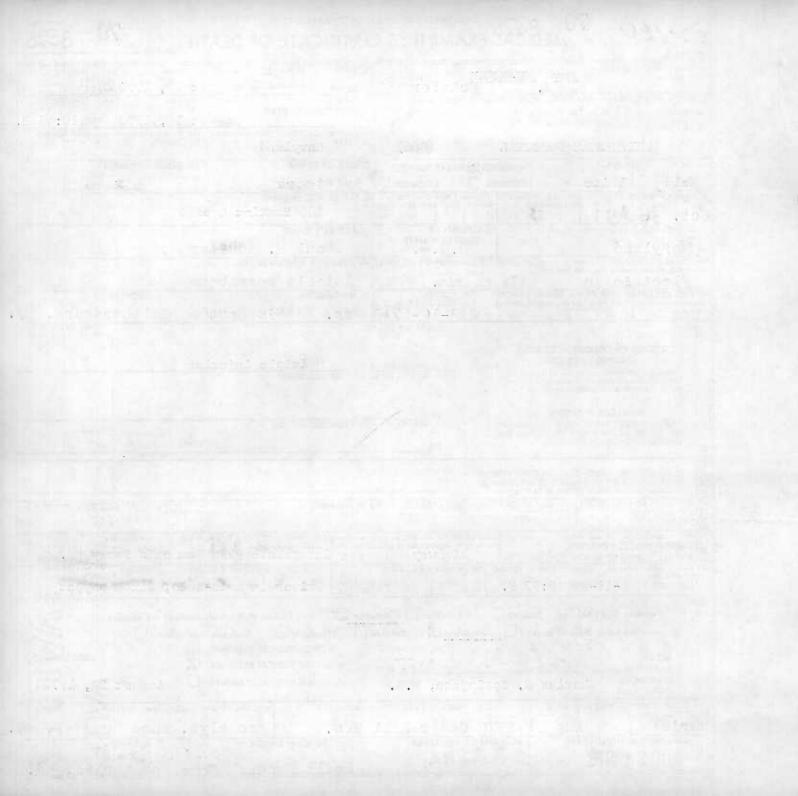
BIRT	3-530 70 8	376		HEALTH DEPARTMENT	REG. NO	70	8376		
1. N	AME OF DECEASED  or Print)  THO	MAS J. I	BENNETT	2. DATE A	ND HOUR OF DEATH	70 .	1.15 8	2	
3. P	LACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNC	ED DEAD	4. USUAL RESIDENCE (Wh	ere deceased lived. Il in		lence belore od	mission)	
HO	L NAME OF (IF NOT IN HOSPIT PITAL OR ADDRESS OR LOCATION	AL OR INSTITUTION	ON, GIVE STREET	MARYLAND C. CITY OR TOWN	NIT	IDE CITY LIMIT	270	58	
0	807 DARTMOUTH	RD. 12		BALTIMORE  E. STREET AND NUMBER  807 DARTMO	UTH RD.	YES A	ио 🗌		
11	ALE WHITE	WIDOWED	DIVORCED [	APRIL 9.19	9. AGE (In years lost birthdoy)	Il Under 1 Months Do	Yr. II Under	24 Hrs. Min.	
done	USUAL OCCUPATION (Give kind of work during most of working life, even if refired) USTODIAN	BALTO.		BALTO. MD		12. CITIZEN	OF WHAT CO	DUNTRY?	
13. F	ATHER'S NAME			14. MOTHER'S MAIDEN NA					
	EDWARD BENNET			SARAH MCKE	NNA				
	as Deceased Ever in U. S. Armed Forno or unknown) Of yes, give wor or dote	s of service) 21	social security no. 5–12–388	17. INFORMANT 2-MISS CATH	ERINE M.	BENNE	DDRESS TT(SIS	TER	
	DISEASE OR CONDITION DIS LEADING TO DEATH This does not mean the made of teath failure, asthenia, etc. It means nivry as camplication which caused	dying, e.g.,	(A) IMMEDIATE CAU	Muses 1	I influete	A	PPROXIMATE INT WEEN ONSET AN	TERVAL	
	ANTECEDENT CAUSES	dedina	Caron	and atime	leaning	- 1			
1 1	DISEASES OR CONDITIONS, if cise to the abave cause (A) JNDERLYING CONDITION lost.	any, giving stating the	(B) DUE TO, OR AS	A CONSEQUENCE OF:				P	
	11 OTHER SIGNIFICANT CONDITIONS COST OTHE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE SEASE OR CONDITION GIVEN IN PART	E TERMINAL	***************************************					100000	
RTIFIC	A DATE OF OPERATION 198 CONI	ORMED	H OPERATION	20A. AUTOPSY IVes of N	208. IF YES, WERE F	INDINGS CO USES OF DEA	NSIDERED TH?		
CAL	A ACCIDENT WAS UNDERLYING TO R CONTRIBUTING CAUSE OF EATH (notify medical examine)	21 B. PLA( home, fa	CE OF INJURY (e.g., in rm, fociory, street, offi	or about 21 C. WHERE DID ce bidg., INJURY OCCUR?	(If In Boltimore	City, give ex	oct location)		
3 0	DOTIME (Month) (Doy) (Year) FINJURY APPROX.)	(Hous) 21 & INJI While At Work	URY OCCURRED Not While At Work	21F. HOW DID IN	URY OCCUR?				
	2. I certify that (I) (this hospital)			- 14	1966 10 Au	quot 1	P 19 -	70	
	not (1) (we) lost sow the deceased		//	ond fr	ot in (my) (our) apin	ion death o		,	
0	nd hour and from the causes stated abave. (1) (We) (did) (did not) view the bady after death.								
Í	Eichardh Til	lman &	DEGREE Aften	ding Med.	Staff Phys.	ALQU	st20	1970	
2	C.PHYSICIAN'S NAME (Type) RICHARD	N. TILL	W D	3035 Sr. P.	AUL STREE	T			
B	JURIAL CREMATION, 248. DATE REMOVAL (Specify) 8/21/	24C. NAME	of CEMETERY OF CREAT		BALTO CIT	, town, or co	unty) (S	State)	
	AUG 24 1970 36.6	25B, NAME OF RE	GISTRAR	SEC FUNERAL DIRECTOR		OME:	ADDRESS		
VS 15	0-REV. 1/1/68		1 a a .						



IMPORTANT

FUNERAL DIRECTOR:





25C. FUNERAL DIRECTOR

Funeral

Home

ADDRESS/

Annapolis.

Md.

25A. DATE REC'D BY HEALTH DEPT.

VS 151-REV. 1/1/6B

25B. NAME OF REGISTRAR

The case of the state of the state of

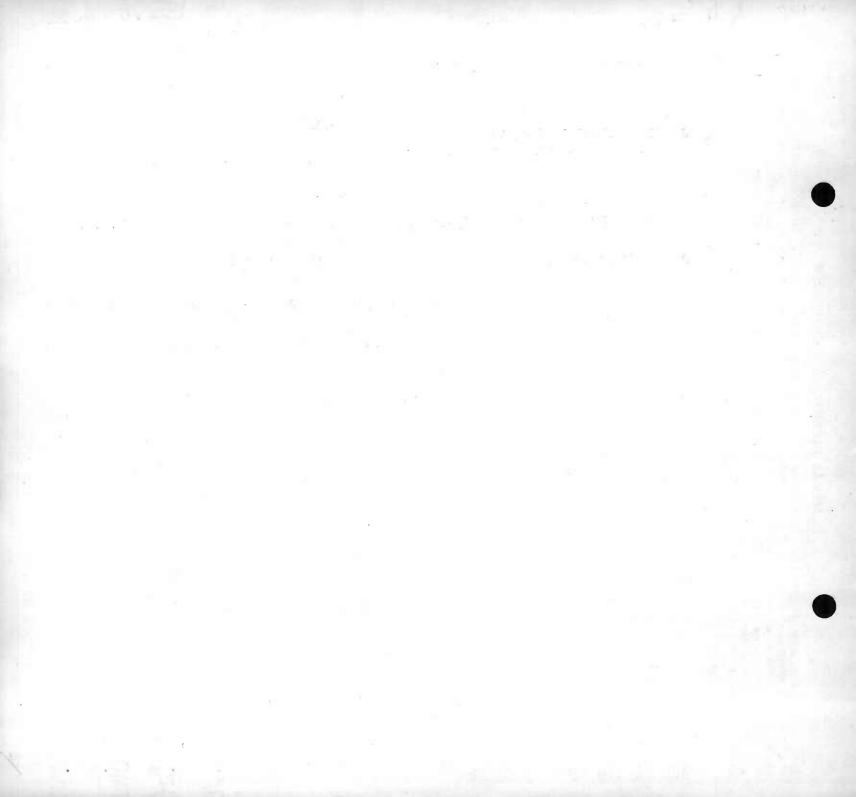
n , wa and		HEALTH DEPARTMENT		70 8380			
5-536 70 8380	CERTIFICA	TE OF DEATH	REG. NO	70 8000			
BIRTH NO.			ND HOUR OF DEATH	<u> </u>			
Type or Print)  Joseph M. Snyd	on						
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR		4. USUAL RESIDENCE (Wh	ist 20,197	institution: residence before odmission)			
		A. STATE B. COU	NTY	1211			
FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	Md.		1006			
NSTITUTION		C. CITY OR TOWN	D. IN	ISIDE CITY LIMITS?			
A A A A A A A A A A A A A A A A A A A		Baltimore E. STREET AND NUMBER		YES NO NO			
909 W. 37th St.			St.				
SEX 6. RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	II Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.			
7.71 - 2 - 1	WED DIVORCED	Aug. 9,1888	lost birthdoy)	Months Doys Hours Min.			
DA. USUAL OCCUPATION (Give kind of work 108, KIN			reign country)	12. CITIZEN OF WHAT COUNTRY			
one during most of working lile, even if retired)	0 1 00 7	2/. 2		770 4			
	wn, Cork &Seal	Md.		USA			
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA					
Unknown		Elizat	beth Snyde	r			
S. Was Deceased Ever in U. S. Armed Forces? (es, no or unknown) (If yes, give wor or dotes of serv	1 6. SOCIAL	17. INFORMANT		ADDRESS			
		Continue	200	U 27th Ct			
NO IB. ARAD Y NA	CAUSE OF DEAT	Gertrude Sr	1yder-909	W. 3/th St.			
Itsee to the above couse (A) stating the UNDERLYING CONDITION last.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).							
19A-DATE OF OPERATION 198. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or	(Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	21B. PLACE OF INJURY (e.g., i home, form, loctory, street, of etc.)	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltim	ore City, give exact location)			
21D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY	21E, INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?				
OF INJURY	While At Not While At Work	е					
			/ 0	P. L			
22. I certify that (I) (this haspital) attended the deceased fram 10 1908 to 1908 19 19 19							
that (1) (we) last saw the deceased alive an 8-12. 19-70 and that in (my) (aur) opinion death accurred an the date and haur and from the causes stated above. (1) (We) (did) (dld nat) view the body after death.							
I de Alex	Phys	nding Med.	Staff Phys.	8/21/70			
23C. PHYSICIAN'S	* DE GREE	23D. ADDRESS	. ay s. —	100			
NAME (Type)							
DAVID J. SEFF	MD DEGREE	848. h	1.06 5.	IKEEL. ISALIO.			
4A. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specily)	IC. NAME of CEMETERY OF CRI	MATORY 24D.	LOCATION	City, town, or county) (State)			
	Druid Ridge Ce	emetery Pi	Lkesville,	Md.			
	ME OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS			
ALIG 2 1 1970 PR & F 3.1	Ben Ma			Roland Ave.			
/S 150-REV 1/1/68			2000				

Moranda mian

District Market Frey

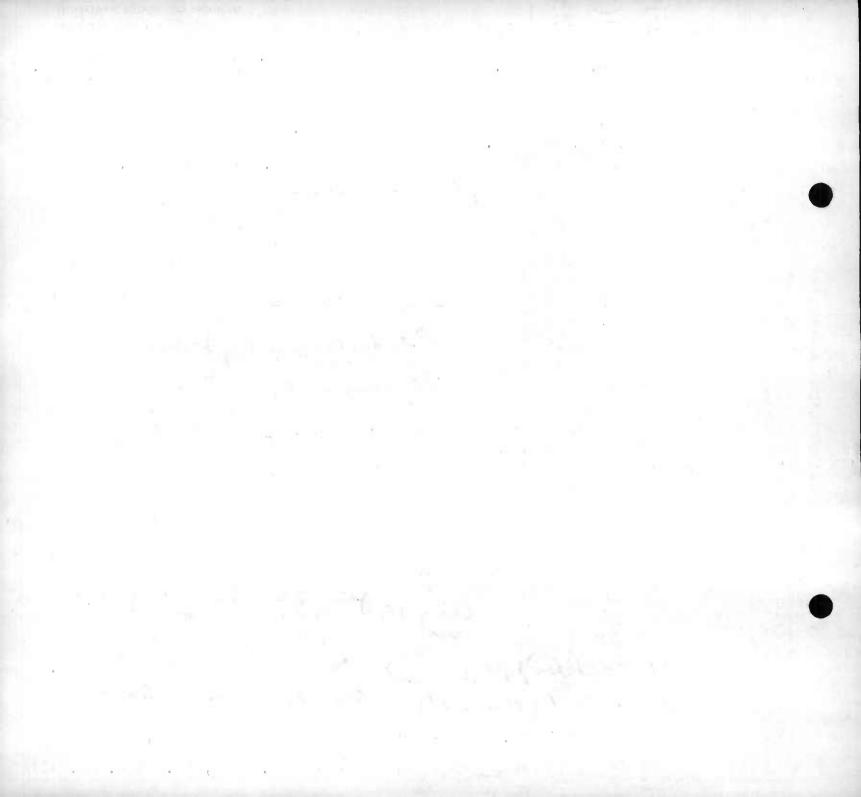
2/12/14

11) 11	חלי הח	BALTIMORE CITY	HEALTH DEPARTMENT		70 0384			
W-49	XU 10	CERTIFICA	TE OF DEATH	REG. NO	.,0 0007			
BIRTH NO.			0. 2					
NAME OF DE	CEASED			AND HOUR OF DEATH				
Type of Family	WELSH	MRS. BERTHA	8-	-20-70	7.05 pm			
B. PLACE IN BA		VHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (W	here deceased lived. If in	nstitution: (esidence before admission)			
			A. STATE B. COL	INTY	F 45			
ULL NAME OF	(IF NOT IN HOSPIT	TAL OR INSTITUTION, GIVE STREET ATION)	B	1/10.	5301			
OSPITAL OR	ADDRESS OR LOC	ATION)	C. CITY OR TOWN		IDE CITY LIMITS?			
	NO MEMORIAL IN	OCDIMAT	BALTIMORE		YES NO			
7 1	NS MEMORIAL H		E. STREET AND NUMBER		163			
/ 1000	Caton Ave. Ba	ltimore, Md. 21229		תת ת				
			2520 WENDOVE	R RD.				
SEX	6. RACE	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 His.			
			12/28/1894	tost birthday)	Months Doys Hours Min.			
emale	White	WIDOWED X DIVORCED						
		108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY			
ue anting most be	Designative Present if retired)	0-010-010-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0	Baltimore Mo	d.	U.S.A.			
		AMANAMAAAA						
FATHER'S NA			14. MOTHER'S MAIDEN N	AME				
JULIUS	S FRITSCH		MATILDS FR	ITSCH				
			2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2					
Wos Decease	d Ever in U. S. Armed For	rces? 1 6. SOCIAL	17. INFORMANT	21229	ADDRESS Balto., Md.			
35, no or unknow	my tir yes, give wor or dote	es of service) NONGECURITY NO.						
	1 10	Railroad ret	rement Jenk:	ins Memorial	1000 Caton Ave.			
1B. # 1	2/2	CAUSE OF DEAT	H /		APPROXIMATE INTERVAL			
DISEA	ASE OF CONDITION DI	DECTIV	-1- 11 -	1-11	BETWEEN ONSET AND DEAT			
DISEA	LEADING TO DEATH	Conga	Estrol Heart	1 Tailers)				
/This		(A) IMMEDIATE AL	A CONSEQUENCE OF:	, , , , , , , , , , , , , , , , , , , ,				
	not mean the made of , asthenia, etc. It means	dying, e.g., DUE TO, GIP A5	A CONSEQUENCE OF:					
	mplication which caused		0 0					
			T. ( V Descript					
	ANTECEDENT CAUSES	(B) When	ioschoole C V Mistail					
DISEASES	OR CONDITIONS, if	any, giving DUE TO, OR AS	A CONSEQUENCE OF:					
rise to the	he abave cause (A)	stoling the						
UNDERLYIN	IG CONDITION last.	(C)						
	- 11							
OTHER SIGNI	III	NITRIBUTING						
	IFICANT CONDITIONS CO ATH BUT NOT RELATED TO T							
	CONDITION GIVEN IN PAI	RT 1 (A).			***************************************			
19A. DATE O		DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or		FINDINGS CONSIDERED			
0	WAS PER	TORNIED.		IN CERTIFYING CA	OSES OF DEATH!			
21A. ACCIDI	ENT WAS UNDERLYING	21 B. PLACE OF INJURY (e.g.,	n or about 21C WHERE DID	/If in Dalaters	se City give event to action			
. OR CONTRIB	SUTING CAUSE OF	home, loim, foctory, street, o	lfice bldg., INJURY OCCUR?	(II In Boltimo	re City, give exact location)			
	ly medical examiner)	etc.)						
21 D. TIME	(AAnath) (Dawl (V )	(Hour) 21E INJURY OCCURRED	2) 5 11 21 21 21 21	IIIIN OCCION				
OF INTURY	(Month) (Doy) (Year)		21F, HOW DID II	NJURT OCCUR?				
(APPROX.)		While At Not While Work At Work	e					
		Work L At Work						
22. I certify	y that (+) (this hospita	I) ottended the deceosed from	4-5	1965 10	8 - 20 1970			
	) lost sow the decease	C . 2 M	-	Aban Indawa (a.m)	inton death occurred on the da			
IIIOI (47) (We	/ 1~31 30 m Ine deceos	eu 01176 011,	ond	mor in (page) (our) opi	imon death occurred on the da			
and hour or	nd from the couses sto	ted obove. (4) (We) (did) (did not)	view the body ofter death	10				
23A. SIGNAT	URE	. /	· · · · · · · · · · · · · · · · · · ·		23B, DATE SIGNED			
	D. 11	)	ending Med.	5 to # 1577				
400	m) F. /Ta	Mueur DEGREE Phy		Staff Phys.	AUG- 20, 1970			
23C. PHYSICI	AN'S		23D. ADDRESS					
MAME	Type)	11. MA	1					
1/1	HN F.	HARTMAN 11.0-	HENKINS MI	CMORIAL H.	OSP. BALTO. MI			
A. BURIAL CR	EMATION, 24B. DATE	24C. NAME of CEMETERY OF CR	EMATORY 24D.	LOCATION (C	OSP. BALTO. My			
A. BURIAL CR	(Specify)				,			
Buria	1 8/24	/70 New Cathedra	l Ra	altimore, A	Maryland			
	D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTO	OR .	ADDRESS			
AHAA								
AUGZ	1 19/1 Vabers	E. Faiber, M.D.	requard a	Ruck Inc.	Balto. Md.			



VS 150-REV. 1/1/6B

1) 110	$\wedge$		BALTIMORE CITY	HEALTH DEPARTMENT		70 0382
17 - 40 BIRTH NO.	70	8382	CERTIFICA	TE OF DEATH	REG. NO.	10 800c
NAME OF D		0000			AND HOUR OF DEATH	н
	NEAL, Howa:			8/	19/70	1 A.
. PLACE IN B	BALTIMORE, MARYLAND, V	VHERE PRONO	UNCED DEAD	A. STATE B. CO	OUNTY	institution: residence before admission
ULL NAME (	OF (IF NOT IN HOSPI	TAL OR INSTIT	UTION, GIVE STREET	Maryland		604
NOITUTITZ	Century H			Balto.	D. IN	SIDE CITY LIMITS?
90	102 N. Pa			E. STREET AND NUMBE	R	YESX NO
10	Balto Md			1900 E.		Awa
SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hr
m	W	WIDOWED		10/12/13	lost birthdoy)	Months Doys Hours Min.
	CCUPATION (Give kind of wor					12. CITIZEN OF WHAT COUNTR
ine during most	t of working life, even if retired)			Tenne	essee	USA
FATHER'S	NAME			14. MOTHER'S MAIDEN		0.021
	Jam	es Nea	1		Lucind	a McDonald
Wos Deceo	sed Ever in U. S. Armed Fo		1 6. SOCIAL	17. INFORMANT		ADDRESS m
es, no or unkno	own) (If yes, give wor or dot		SECURITY NO.		mm on a Person	Maryville, Ter
No	10		409-18-3420 CAUSE OF DEAT		mmonsFuner	APPROXIMATE INTERVAL
1 / 1	EASE OR CONDITION D				1 ,	BETWEEN ONSET AND DEAT
rise la UNDERLY	OR CONDITIONS, if the abave cause (A) ING CONDITION last.	sloting the		A CONSEQUENCE OF:	I metor	tasis
TO THE DE	NIFICANT CONDITIONS CO	THE TERMINAL				
			WHICH OPERATION	20 A. AUTOPSY? (Yes o	No) 208. IF YES, WERI	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTR	DENT WAS UNDERLYING [ RIBUTING   CAUSE OF othly medical examined	21 B hom etc.	k PLACE OF INJURY (e.g., i ne, form, foctory, street, of )	n or obout 21C. WHERE DII fice bldg., INJURY OCCUR	(If in 8oftim	ore City, give exact location)
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)		INJURY OCCURRED  At Work	е	INJURY OCCUR?	
22. I certi	ify that (1) (this haspita	l) attended t		Jan 26	19) 0 to 0	mg 19 19) 0
	ve) last saw the deceas		131.10	U 1970 and		pinlan death occurred an the da
	and fram the couses sta					
23A. SIGNA		`				23B. DATE SIGNED
111	ila Da	Den	A A . I Dhu	nding Med.	Staff Phys.	8/19/70.
23C. PHYSIC	CIAN'S E (Type)		DEGREE	23D. ADDRESS		0.0
1111	11 mm A	DOLE	G-21	6615 Reis	tersthem	Mark
4A. BURIAL C	REMATION, 248. DATE	24C. N	AME of CEMETERY of CRI	MATORY 241	LOCATION (	City, town, or county) (Stote)
Bur	ial 8/22	/70 P1	easant Hill	Cemetery	Marvvill	e, Tennessee
	C'D BY HEALTH DEPT.	, .	OF REGISTRAR	25C. FUNERAL DIREC		ADDRESS
Alic 9	1 1971 P.R. B	E. Faiber			4. 7	Balto. Md. 21214
PALIE	A MAIN OUT OF		1 1 mm			



BIR	M-46	0	70 8	383	BALTIMORE CIT			REG. NO.	70	8383
	PAME OF DEC		LILLIAN	M N	IILLAR		2. DATE A	St 18, 1	70.	. 530
3.	PLACE IN BALT	IMORE, MAR	YLAND, WHERE			4. USU	L RESIDENCE (Wh	ere deceased lived. II		iesidenco beforo odmissíc
FU HC	ILL NAME OF DSPITAL OR STITUTION	(IF NOT ADDRESS	IN HOSPITAL OF	INSTITUTI	ON, GIVE STREET	2.310	Md. B. COU	Balti		530
9	10	Long	Green N	ursin	ng Home		ltimore ET AND NUMBER	631 Murd	YES [	
5. 5	SEX	6. RACE	7. M	APPIED	NEVER MARRIED	8. DATE	OF BIRTH	9. AGE (In years		
	emale	Whit	e win	OWED	DIVORCED	Azzor	77 7800	lost birthdoy)	Month	er 1 Yı. II Under 24 Hı s Doys Hours Min.
	Secreta		kind of work 108. K	IND OF BI	USINESS OR INDUSTR	11. BIRTH	PLACE (State or for	eign country)		TIZEN OF WHAT COUNT
	FATHER'S NAM						ryland			U.S.A.
						In MOI	HER'S MAIDEN NA	WE		
15. 1	Daniel Was Deceased	Fare 1 . 11 . C	A 1.F. 5	112	- SOCIAL	Am	elia Parr	rish		
(Tes	NO NO	(If yes, give v	vor at doles of s	ervice)	SECURITY NO. 212-01-180			a R Cana	us n	ADDRESS
	18. 4	1.41			CAUSE OF DEAT	Н				Sane   APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY DSCU						EVA+ C	EREBRAA		BETWEEN ONSET AND DEA
	LEADING TO DEATH (This does not mean the mode of dying, e.g.,						ERDS IS			340.
	heart foilure, asthenia, etc. It means the disease							J		
	Injury or Complication which coused death.)									
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving  DUE TO, OR AS A CONSEQUEN  DISEASE IN the phase cause (A) station the									
	DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stoling the UNDERLYING CONDITION last.					A CONSE	QUENCE OF:			
NOLL	10 THE DEATH	BUT NOT REL	ONS CONTRIBL	TING						
RTIFIC	19A. DATE OF	PERATION	EN IN PART 1 (A). 198. CONDITION WAS PERFORME	FOR WHI	CH OPERATION	1	UTOPSY? (Yos or No	208. IF YES, WERI	FINDING: AUSES OF	CONSIDERED DEATH?
CAL	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY ( OR CONTRIBUTING CAUSE OF   DEATH (notify medical examine) 21B. PLACE OF INJURY ( home, form, foctory, stre					n or obout	NJURY OCCUR?	(If In Boltim	ore City, gi	ve exect location)
ō i	21 D. TIME (	Monthi (Doy	(Year) (Hou	21E. IN.	URY OCCURRED		IF. HOW DID INJ	URY OCCUR?		
٤	(APPROX.)			While A	Not While	1				
	22. I certify t	not (I) (This	hospital) otter			ua		10/7 A	/1/5	10 20
			deceased offy		AUG. 18		フヘ	196/ to H		
- 1					(did nat) v	***************************************	und th	at in (my) (out) of	inion dea	th accurred on the da
2	3A SIGNATURI	17	TO SIDING GOO	770. (1) (8	(did not) v	ew the b	ody atter death.	<u> </u>	1000 000	YE CLOSUED
	Com. 1	4. Ka	rume	K J	Alle	nding 🔟	Med.	Staff	238, DA	TE SIGNED
1	23C. PHYSICIAN NAME (Typ	S		7 ()	DEGREE Phys	3D. ADDR		Staff Phys.	19	Chig 10
4A.	BURIAL CREM	ATION, 24B.	DATE	4C. NAME	DEGREE of CEMETERY of CRE	MATORY	24D +4	OCATION (C	Mu As -	
	KEWOAT (2b)	ecilyl	, , ,			WINI WAT			cily, town, o	or countyl (State)
5A.	DATE REC'D B	Y HEALTH DI	21/70 EPT. 25B. N.	AME OF R	Cathedral	25C. F	JNERAL DIRECTOR	ltimore M	aryla	ADDRESS
	Augga	107/11		e Ben 8				Ruck, Inc	Ba:	
S 1	60 R. V. 1/1/20	HUI U	SCALES AND		- 4		W	,		

FM	C-200 70 8384 CERTIFICATE OF DEATH REG. NO. 70 8384
the th	BIRTH NO. 70 8384 CERTIFICATE OF DEATH REG. NO. 70 8384
Su Su	1. NAME OF DECEASED (Type or Print) CAGE, GRACE W. 2. DATE AND HOUR OF DEATH 8 20 70 4:15 P
Dec of Dec	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission)  A. STATE  B. COUNTY
a hospital cause of c se; (5) Dece sndance or to death.	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR LOCATION)  (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN  D. INSIDE CITY LIMITS?
l in a ng cause; cause; attend	ST AGNES HOSPITAL  BALTIMORE YESXX NO
TO 1	BALTO., MARYLAND  501 NORTH BEND RD-
ined ined ined of p	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in yeors last birthday) Manlhs; Doys Hours; Min.
ntri rmir egu ase	FEMALE WHITE   WIDOWED   DIVORCED   11 20 83   86
th c c in r	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. SIRTHPLACE (Stote or foreign country)  112. CITIZEN OF WHAT COUNTRY?  done during most of working life, even if refired)
o o o o o o o o o o o o o o o o o o o	HOUSEWIFE MARYLAND US A
rect (4) U wa the ispos	
	JOHN ROBINSON (PARKER) -SUSAN  15. Was Deceased Ever in U. S. Armed Forces? [16. SOCIAL 17. INFORMANT RAIL TO ANDRESS 21228
A toreas	Yes, na ar unknown Ulf yes, give wor ar doles of service) SECURITY No.
assiss if the ny kind danced danced control or fin	NO   1213 14 2592 ST AGNES HOSP., WILKENS & CATON AVES  CAUSE OF DEATH  APPROXIMATE INTERVAL  APPROXIMATE INTERVAL
his a so, if so, if any or endo	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, osthenia, etc. II means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS it may giving the disease of the country of
Als Als attended attended	LEADING TO DEATH  (This does not mean the mode of dying, e.g.,  (A) IMMEDIATE CAUSE  (A) IMMEDIATE CAUSE  (DIETO OP AS A CONSCILLENCE OF.)
	heart failure, osthenia, etc. It meons the disease, injury or complication which coused death.)
miner niner. fractu fractu o pro e mba	ANTECEDENT CAUSES Generalized Attachasclerasc
xar xam xam xam xam xam xam xam xam	DISEASES OR CONDITIONS, if any, giving  DUE TO, OR AS A CONSEQUENCE OF:
Z _ 00 c.E s	tise to the obove couse (A) stating the UNDERLYING CONDITION last.  (c) Congestion of lung, liver and spleen
AL DI medica ledical burns; hysicia in was remain	
me med hody phy an v	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL SIGNIFICANT CONDITION GIVEN IN PART 1 (A).
chief chief y a m Body the p hysicia	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION YES 19A. AUTOPSY? (Yes or No.) 20B. IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  20A. AUTOPSY? (Yes or No.) 20B. IP YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING [1] 121B. PLACE OF INJURY (e.g., in or obsul[2] C. WHERE DID.
by by 23 B phy fore	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID hame, farm, foctory, street, affice bidg., INJURY OCCUR?
+ 0 0 0 0	OR CONTRIBUTING CAUSE OF hame, foctory, street, affice bldg. INJURY OCCUR?
	21D. TIME (Month) (Doy) (Yeer) (Haud 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR?
hosp natur ept w d (6)	While At Not While Wark At Work
54 7 × 24	22. I certify that XIX(this hospital) attended the deceased from 8 16 1970 to 8 20 19 70
0 0 0	that XIX(we) lost saw the deceased alive an 8 20 19 70 ond that in (%) (aur) opinion death occurred on the date
ust be a cased to dent of ospital death) must be	ond haur and from the couses stated abave. (N (We) (did) (did not) view the bady after death.
S D O D E	Attending Med. Shaff P 91-20
This certificate m the body was rel shows: (1) An acc was D.O.A. at a deceased prior to	23C. PHYSICIAM'S NAME (Ivoe)  23D. ADDRESS BALTO MD 21229
Wa Wa A. O Pri	A SHAMS, M.D. ST. AGNES HOSP; CATON & WILKENS AVES
Sed of	24A, BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, of county) (Stole)
This cer the bod shows: was D.G decease	25A. DATE REC'D BY HEALTH DEPT 25A. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
This the show was dece	AUG 24 1970 Robert E. Nausen A. D. Wefer Funeral Hame 5311 Amondy and due
	VS 150-REV, 1/1/68

f: . e " 1 1 , 10 E -95 all all red in R

VS 151-REV. 1/1/68



IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/68



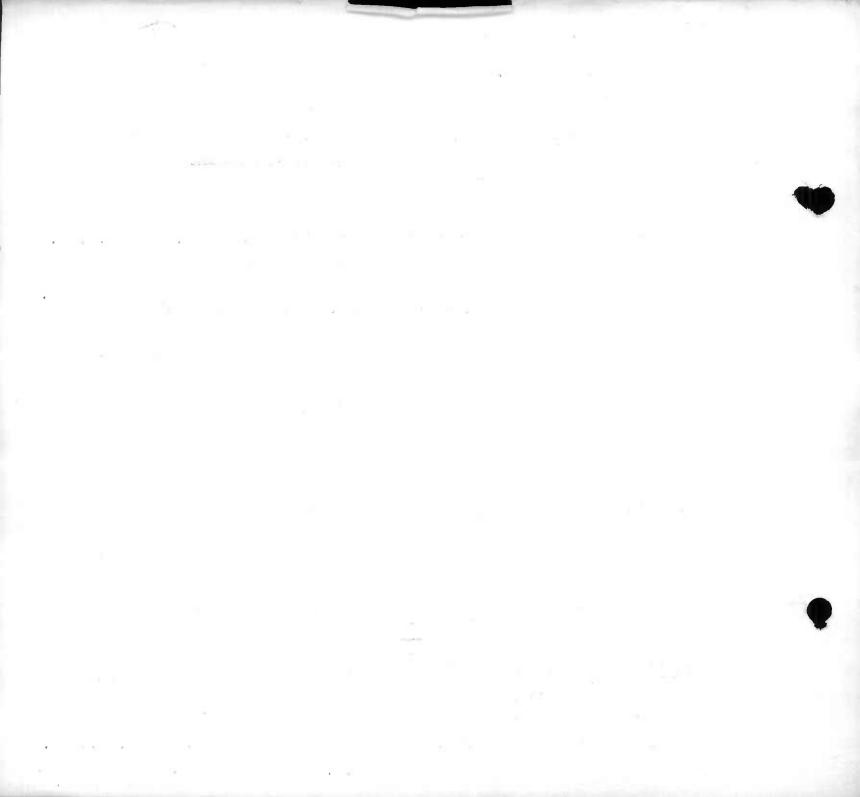
VS 150-REV, 1/1/65

Same as Falls Rd.

IMPORTANT

FUNERAL DIRECTOR:

-	T.103				BALTIMORE CITY	HEALTH DEPARTM	ENT				
1	2-425		70	8389	CERTIFICA	TE OF DEA	TH	REG. NO	70	8389	
_	TH NO.	ASEO		0				HOUR OF DEATH			
	pe or Print)		mloc	-	Polatick	2.0	A	_	67.1	710	
3.	PLACE IN BALTI	MORE MARY	rles LAND, WH	ERE PRONO	Falstick UNCEO OEAD	4. USUAL RESIDENCE		USTZ//	1 ilution: r	residence beloro odmissi	M.
HC	ILL NAME OF DSPITAL OR STITUTION	(IF NOT IN	HOSPITAL	OR INSTIT	UTION, GIVE STREET	Maryland c. CITY OR TOWN		D. INSID	E CITY L	IMITS?	
		1244	North	view	Road	Balto, 2	21218		YES 🛣	ио 🗌	
						E. STREET AND NU		^			
S. :	SEX 16	. RACE	17.	MADDIED		900 Belg			1/ 11 /		
	M	W		WIDOWED		12/4/1891	Host	AGE (In years birthday) 78	Months	er 1 Yr. If Under 24 Ooys Hours Min	
AOI	. USUAL OCCUP	ATION (Give ki	nd of work 10	B, KIND OI	BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stote	or foreign		12. CIT	ZEN OF WHAT COUN	ITRY?
F	letired-	Sales		Auto	Accessories	Phillips	burg.	Penna.		U.S. A.	
13.	FATHER'S NAM	E				14. MOTHER'S MAID	EN NAME		1		
	Willi		Falst			Barbara	Bel	zner			
15. Ye:	Wes Oeceosed E s, no or unknown) (1	ver in U. S. A If yes, give w	med Forces	? of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT				ADDRESS Rd.	
	No				104-05-6072	Mrs.Doro	thy K	nieriem.l	244		1
	18. 16.2	/			CAUSE OF DEAT					APPROXIMATE INTERVA	AL
		OR CONDIT		CTLY				~		BETWEEN ONSET AND DE	
		EADING TO			(A) IMMEDIATE CAL	SEMETAST	ATIC	(ARCINO	MA	& MONITH	5
	(This does not head failure, or injury or compl	sthenia, etc. 1	I means th	e disease,		A CONSEQUENCE OF:					
		NTECEDENT		eo m.,	C . O	, ,	/			6 MONTH.	=(3)
	Annual Control of the	ANTECEDENT CAUSES  (B) (AREINOMA - LUNG MONITHS)  DISEASES OR CONDITIONS, if any, giving  DUE TO, OR AS A CONSEQUENCE OF:								26.1	
	rise to the obove couse (A) stoling the										
	UNDERLYING CONDITION last, (C)										
NO	OTHER SIGNIFIC	ANT CONDITION	ONS CONT	RIBUTING							
ATI	TO THE DEATH DISEASE OR CO!	NDITION GIVE	N IN PART 1	(A).	100000000000000000000000000000000000000					-1	-
MEIC	7/27/	76	98 CONOIT	MED _	WHICH OPERATION	20 A. AUTOPSY? (Ye	s or No) 2	OB. IF YES, WERE FIL N CERTIFYING CAUS	NOINGS SES OF	CONSIDEREO OEATH?	_
AL CE	21 A. ACCIDENT OR CONTRIBUTI DEATH (notify m	WAS UNDER	LYING	21 B.	PLACE OF INJURY (e.g., ile, form, foctory, street, of	n or obout 21 C. WHERE fice bldg., INJURY OCC	OID CUR?	(If tn Boltimore	City, giv	e exoct location)	
D C		Month) (Ooy)		Hour) 21 E	INJURY OCCURRED	21F. HOW 0	ID INITIES	OCCUPY		-	
ME	(APPROX)				ile At 📺 Not White		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0000			
	22. I certify th	nat (1) (this)	ospital) a	ttended ti		44 11	19 7	70 to 10 G	:057	2/ 1976	
					AUG. 17		and that !	n(my) (pr) opini	an deat	th accurred on the d	ate
			ses stated	abave. (1	) ()#(e) (did) ( <del>did iioi</del> ) v	lew the bady after d	leath.				
	23A. SIGNATURE	1	/	0	- Q - N A	nding Med.	- s4-1		3B, DAT	ESIGNED	
	CITY COM	un 1º	217	7 u	OEGREE PRYS	. — Director	Stol Phy	s. L	8/	21/70	
	23C. PHYSICIAN' NAME (Type	e)	/(			23D. ADDRESS			,	,	
24.4	Dr.	Arth	ır Kaı	rfgin	OEGREE	1532 Have					
C4 P	REMOVAL (Spe	ecify)	DATE	-	AME of CEMETERY OF CRE	MATORY	24D. LOCA	- 1		or county) (Stote)	1
25.4	Burial		24/70		Parkwood		1.1.	ville, Ba	Lto	.Co., Md.	
CSA	ALIC 2 A T	Q70	4	Jaber	REGISTRAR	H.W. Jenk	ins S	Sons Co.	4905	York Rd.	
-	DOUNT !	010 000			. 42(			Ral	timo	me Md 2	121



IMPORTAN

UNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT



VS 150-REV. 1/1/68

D-540 70 8392 B	ALTIMORE CITY	HEALTH DEPARTMENT		70	0202			
14-060 C	ERTIFICAT	TE OF DEATH	REG. NO.	70	8392			
INAME OF DECEASED		1	D HOUR OF DEATH					
(Type of Print) GERALD PIN	NER (		19.70	1 7.0	450			
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED D	EAD	4. USUAL RESIDENCE (Whe	re deceased lived. Il insti	itution: residence b	eloio admission)			
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, G HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION		C.CITY OR TOWN	D. INSID	E CITY LIMITS?				
	1	Baltimore			0 🗌			
38 University Hospita	7	703 W	arre St.					
5. SEX 6. RACE 7. MARRIED NEVE	R MARRIED 1 8			if Under 1 Yr. I Months Doys H	f Under 24 Hrs.			
M N3010 WIDOWED X	DIVORCED	11-12-1415	54					
IOA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINES done during most of working life, even if refired)	S OR INDUSTRY	1. BIRTHPLACE (Stote or fore	ign country)	12. CITIZEN OF W	HAT COUNTRY?			
		HACKENSACK,	New Jersen	U.S.A				
13. FATHER'S NAME	1	4. MOTHER'S MAIDEN NA	ME					
Willie Tinner		hauretta	Boyd					
15. Was Deceased Ever in U. S. Armed Forces? (Yas, no or unknown) (If yes, give wor or dotes of service)  16. SOCI	AL JRITY NO.	7. INFORMANT	Nor +	CIK ADDRESS	On.			
No. 225-	and the state of the	Barbara Finn	ver 1364	Okee fe	I too be			
	USE OF DEATH		1201	APPROXI	MATE INTERVAL			
DISEASE OR CONDITION DIRECTLY			0 .	BETWEEN O	NSET AND DEATH			
LEADING TO DEATH	IMMEDIATE CAUS		ial Interest	un 60	Secs			
this does not meen the made of dying, e.g., heart foilure, asthenio, etc. it means the disease, injury ar complication which caused death.)	(This does not meen the made of dying, e.g., heart foilure, asthenio, etc. it means the disease,							
ANTECEDENT CAUSES	ANTECEDENT CAUSES							
DISEASES OR CONDITIONS, if any, giving	V/marana and a second and a sec							
rise to the above cause (A) stating the	rise to the above cause IA) stating the							
UNDERLYING CONDITION last. (C	)							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING								
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	****							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH O WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 1 (21B. PLACE O	PERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAUS	DINGS CONSIDE	RED			
		NO						
OR CONTRIBUTING CAUSE OF home form	OF INJURY (e.g., in foctory, street, olfic	er obout 21 C. WHERE DID te bldg., INJURY OCCUR?	(II In Baltimore	City, give exact lea	otion)			
DEATH (notify medical examiner) etc.)  21D.TIME (Month) (Day) (Year) (Hour) 21E. INJURY  OF INJURY	OCCURRED	21F. HOW DID INJ	URY OCCUR?					
(APPROX.) While A1	Not While At Work							
22. I certify that (I) (this hospital) attended the decea	sed from	5.11.20	19 ta	dete	19			
that (1) (we) last saw the deceased alive an	TV.	19 <u>70</u> and th	at in (my) (aur) apini	an death accurre	ed an the dote			
and haur and from the causes stated above. (1) (We) (d	lid) (did nat) vie	w the bady after death.						
23A. SIGNATURE	a Ke			3B. DATE SIGNED				
J. Gerand Crew	DEGREE Phys.	ding Med. Director	Stoff Phys.	8-21-7	D			
23C. PHYSICIAN'S NAME (Type) J. GERAND CROS	LE YDEGREE	UNIVIDA	SITY Its	SPITAL,	BALTO,			
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of C	EMETERY of CREA	AATORY 240. Le	OCATION (City,	town, or county)	(Stote)			
Buria 8/25/70 Delleri		etery Be	Merille,	Dira	INIA			
AUGAZ 4 1970 EAGE E. TELOME PEDE CIST	RAR	25C. FUNERAL DIRECTOR	- 1	In() ADDR				
VS 150-REV. 1/1/6R		Moeton 2 1)	yell 1. []	1701 LA	urens 5			

4316 Groveland Avenue DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE **EXAMINER'S** ASSOCIATE MEDICAL EXAMINER 8-21-70 Isidore Mihalakis, M.D. NAME (Type) 24A, BURIAL CREMATION. 24D, LOCATION (City, town, or county) 248. DATE 24C. NAME of CEMETERY or CREMATORY (Stote) REMOVAL (Specify) 8-25-70 Baltimore, Loudon Pk. Nat'l Burial Maryland 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS MORTON & DYETT F.H. 1701 Laurens St. BE Jake VS 151-REV. 1/1/68

The state of the s

ASSISTANT MEDICAL EXAMINER X

ASSOCIATE MEDICAL EXAMINER

MORTON & DYETT F.H.

25C. FUNERAL DIRECTOR

ACTUAL

REMOVAL (Specify)
Burial

VS 151-REV, 7/1/68

SIGNATURE\_ EXAMINER'S

NAME (Type)

24A. BURIAL CREMATION.

25A. DATE REC'D BY HEALTH DEPT.

248. DATE

8-25-70

Isidore Mihalakis, M.D.

258, NAME OF REGISTRAR

Value E. Jailey M. Q.

24C. NAME of CEMETERY or CREMATORY

Western Star Cemetery

DATE SIGNED

Maryland

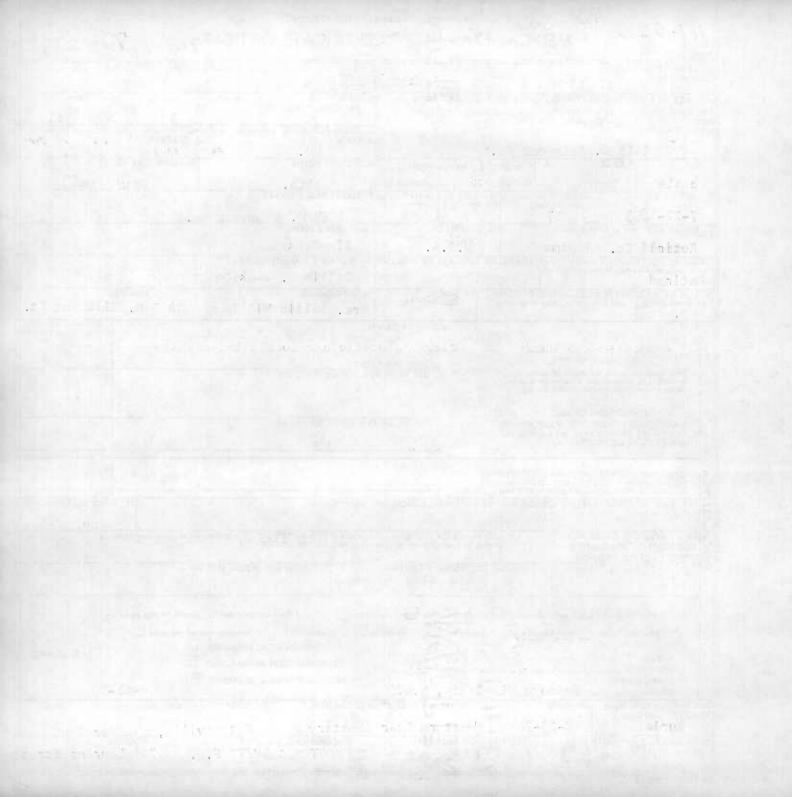
1701 Laurens Street

(State)

8-22-70

24D. LOCATION (City, town, or county)

Catonsville

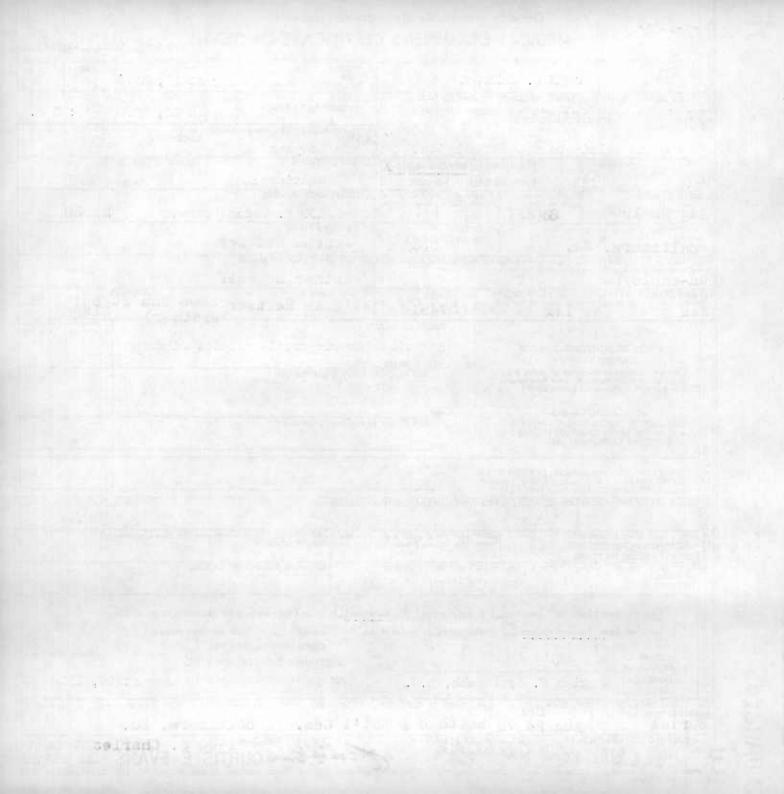


5-530 70 8395 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 70 8395							
BIRTH NO.	LICO CLIC	111107112	. 01 0	RE	G. NO.		,000
1. NAME OF DECEASED		ATE Knows	n 🔲 M	onth [	Ооу	Year	Hour
(Type or Print) PEGGY SMITH		OF EATH Estime	oted 🔲				м.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DE	AD 3. D	ATE		onth [	Doy	Yeor	Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STRI ADDRESS OR LOCATION)		ONOUNCED D	(			970	9 A. M.
4 Lutheran Hospital	A. SI		E (minte deci		UNTY	/ /	538
6. SEX 7. RACE 8. MARRIED NEVER MA	ARRIED C. C	TY OR TOWN		D. II	VSIDE CITY LI	MITS?	
Female Negro WIDOWED DIV	ORCED 🔲	Balto			YES E	7 N	• 🗆
9. DATE OF BIRTH 10. AGE (In years   If Under 1 Yr. If Un	der 24 Hrs. E. ST	REET AND NU	MBER				
1-20-1947 lost birthday) Months, Days, Ho	ours s Min.	3311 Libe	erty Heig	ohts Av	e. Ant	. 4B	
11. BIRTHPLACE (State or loreign country)   12. CITIZEN OF		ATHER'S NAME	,	5	от пр		
WHAT COUN							
Baltimore, Maryland U.S.A.		Willie J		as			
I4A.USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS Of done during most of working life, even if retired)	R INDUSTRY 15.						
		Lillie M	lae Thor	nas			
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (II yes, give wor or doles of service) NO.	18. 1	NFORMANT			ADDRE	ESS	
NO.	Mrs.	. Lillie	Mae Th	nomas	5328 C	orde'	lia Avenue
	SE OF DEATH					APPR	OXIMATE INTERVAL
(this does not meen the mode of dying, e.g., heart loilure, esthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES	MMEDIATE CAUSE DUE TO, OR AS A C	ONSEQUENCE O	F:	manual			
20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPER	RATION WAS PE	FORMED			21,	AUTOPS	SY? (Yes or No)
Ö							
22A. EXTERNAL CAUSE WAS UNDERLYING TOR CONTRIB. UNDERLYING TOR CONTRIB. UNDERLYING TOR CONTRIB. UNDERLYING TOR CONTRIB. UNDERLYING TOR CONTRIB. UNDERLYING TOR CONTRIB. UNDERLYING TOR CONTRIB. UNDERLYING TOR CONTRIB. UNDERLYING TOR COURT. STREET, office bldg., etc.) INJURY OCCUR?  22D. TIME (Month) (Doy) (Year) (Hour) 22E.JNJURY OCCURED. OF INJURY (APPROX.) 8-?-1970 WHILE AT WORK Subject strangled.by unknown assailant WORK AT WORK Subject strangled.by unknown assailant CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE EXAMINER'S NAME (Type) Isidore Mihalakis, M.D. m  23A. EXTERNAL CAUSE WAS LOCATION (City town of COURT)  CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER (Type) Isidore Mihalakis, M.D. m  24A. BURIAL CREMATION, 124B. DATE 124C. NAME of CEMETERY OF CREMATORY 124D. LOCATION (City town of Courtly) (State)							
AUG 24 1970 2008 E Fall AD VS 151-REV. 3/1/68	AR	25C. FUNERAL MORTON	DIRECTOR		ADDR	ESS	urens St.

	ERTIFICA	TE OF DEATH REG. NO. 20 8396						
	1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH						
	3. PLACE (N BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)  A. STATE  B. COUNTY						
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	DEDII VV-54						
	THE JOHNS HOPKINS HOSPITAL	C. CIT OR TOWN D. INSIDE CITY LIMITS?						
4	BALTIMORE, MD 21205	E. STREET AND NUMBER						
0		MANUEL ALMENARA #340-MIRAFLORES 18						
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in yeors If Under 1 Yr. If Under 24 Hrs. Months; Doys ; Hours; Min.						
4	MALE WIDOWED DIVORCED 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY	06-22-15 55						
9	none during most of working tire, even if felifed)							
,9	Medical Doctor, Peruvian Air Forc	Peru Peru Peru						
		14. MOTHER'S MAIDEN NAME						
	5. Wes Decessed Ever in U. S. Armed Ferces?   16. SOCIAL	EMILLIANA ARAGON						
	Tes, no of unknown] (If yes, give wor or dotes of service) SECURITY NO.	Washington, D.C.						
	NO CAUSE OF DEAT	Col.Manuel Valencia, 1346 Conn. Ave. N.W.						
	DISEASE OR CONDITION DIRECTLY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
	LEADING TO DEATH	ISE Heratic Coma						
	heart loiture, asthenia, etc. It means the disease	A CONSEQUENCE OF:						
	injury or complication which caused death.)  ANTECEDENT CAUSES							
	DISEASES OR CONDITIONS, il any, giving  (8) and Renal Failure  DUE 10, OR AS A CONSEQUENCE OF:							
I	rise to the above cause (A) stating the	H + C						
I	UNDERLYING CONDITION last (c) Inter	mitteur sepsis						
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)							
I	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).							
	19A. DATE OF OPERATION 19R. CONDITION FOR WHICH OPERATION WAS PERFORMED LESOP hazeal Varices	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
II	U 21A. ACCIDENT WAS UNDERLYING V PUR PLACE OF INTERVAL	1/0						
I	OR CONTRIBUTING CAUSE OF home, form, foctory, street, of etc.)	fice bldg. INJURY OCCUR?						
	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?						
I	(APPROX.) While At Not While At Work	'n						
	22. I certify that (1) (this keeptral) attended the deceased from	8/2 19 70 10 8 - 2 - 19 70						
	that (I) (100) last saw the deceased alive an 8/22	19 70 and that In(my) (an) opinion death occurred on the date						
	and haur and from the causes stated above. (1) (We) (did) (We) view the body after death.							
I	23A STONATURE ON ON MAN MAX	23B, DATE SIGNED						
	OFGREE Phys	nding Med. Staff Phys. 2 8/22/70						
	NAME (Type)	3D. ADDRESS						
	JOSEPH ODELL MOORE M.D. DEGREE  4A. BURIAL CREMATION, 1248, DATE 124C, NAME of CEMPTERY AS CRE	THE JOHNS HOPKINS HOSPITAL						
	REMOVAL (Specify)	(Sible)						
1	Burial   8/26/70 El Angel Cemeto	ery, Lima, Peru.						
4	UG 24 1970 Robert E. Jaiben M.B.	J. Don. DE TO 2222 Wisaw. D.C						
IF	\$ 160.0EV 1/1/4B							



1 301 8391 BALTIMORE CITY HE	EALTH DEPARTMENT	
H-326 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	70 8397
BIRTH NO.		
I. NAME OF DECEASED (Type or Print)  JOHN J. HEITZER	OF Estimoted August 20, 1970	Year Hour O
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD		Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	August 20, 1970	0 7:02 A.
South Baltimore General Hospital	5. USUAL RESIDENCE (Where deceased lived. If institution: resi A. STATE B. COUNTY  Maryland	dence before odmission)
6. SEX 7. RACE 8. MARRIED NEVER MARRIED		MITS?
Male White WIDOWED DIVORCED	Baltimore YES X	ON D
9. DATE OF BIRTH 10. AGE (In years lost birthday) Months, Doys, Hours, Min.	. E. STREET AND NUMBER	21230
Baltimore, Md.  11. BIRTHPLACE (State or foreign country)  Baltimore, Md.  12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME Joseph Heitzer	
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR		
done during most of working life, even if retired) Un-employed?	Katherine Wolf	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL (Yes, no or unknown) (If yes, give wor or dobes of service) 212074916	William Heitzer, 3908 2nd S	t Balto Md
19. CAUSE OF DEA	ATH Brother)	APPROXIMATE INTERVAL
	clerotic cardiovascular disease	BETWEEN ONSET AND DEAT
LEADING TO DEATH (This does not meen the mode of dying, e.g.,  (A)IMMEDIATE DUE TO, OR		
heart follure, osthenia, etc. It meons the disease, injury or complication which caused deoth.)	AS A CONSEQUENCE OF:	
ANTECEDENT CAUSES (B)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W		
DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION W	/AS PERFORMED 21.	AUTOPSY? (Yes or No)
0 2		Yes
	, in ar obout 22C. WHERE DID (II in Baltimore City, give exact loc ce bidg., etc.) INJURY OCCUR?	otion)
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	· · · · · · · · · · · · · · · · · · ·	
(APPROX.)	T WHILE WORK	
23.  1 certify that I held on Inquiry Inspection A	utopsy 🛚 and that on this basis, death in my opin	
		lion
resulted from: Notural causes X Accident L Suici	de Homicide Undetermined manner C	
ACTUAL ( 1 1 2 )	ASSISTANT MEDICAL EXAMINER X	DATE SIGNED
SIGNATURE M.E.	<u></u>	00 1070
EXAMINER'S Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER LA August	20, 1970
24A. BURIAL CREMATION, 24B. DATE 124C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or	county) (State)
Burial Aug 24 70 Balto U S N	at'l Cem. Baltimore, Md.	
25A. DATE REC'D BY HEALTH DEPT. 25B NAME OF REGISTRAR		iesSt Balto
AUG 2 4 1970 34500 4 Vactoria -	CURTIS E. EVAN	\$ Md 21230

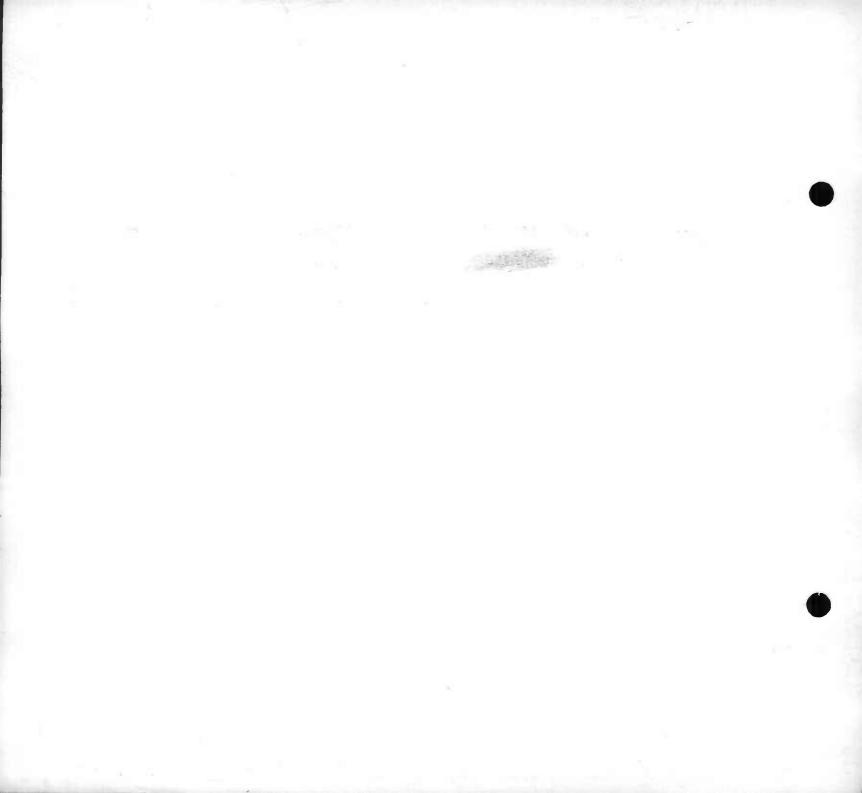


11	N-522 70 83	200	HEALTH DEPARTMENT	70 REG. NO.	8398
	RTH NO.	CERTIFICA	TE OF DEATH		
	roe or Print)	THACKUE	2. DATE AND H		
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PR		4. USUAL RESIDENCE (Where de	ceased lived. If institution	residence before admitrion
			A. STATE B. COUNTY	The state of the s	9/11
H	JLL NAME OF (IF NOT IN HOSPITAL OR II OSPITAL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	C. CITY OR TOWN	a michae alan	101
1100			BALTIMORE	D. INSIDE CITY	
	NORTH CHARLES HOS	PITHL	E. STREET AND NUMBER	153	3 NO[]
1			25712 GARRET	T KUF	
5.	SEX 6. RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH 19. AC	3E (In years If Und Months	er 1 Yr. If Under 24 His.
F	EHALE N WIDO		1-3-16	511	Doys Hours Min.
io.	LUSUAL OCCUPATION (Give kind of work 108, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign co		TIZEN OF WHAT COUNTRY?
			NEW JERSEY	/	1. C. A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	RAYMOND PIERCE		ADETTA DIE	RCE	
15.	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give war or dates of serv	1 6. SOCIAL	17. INFORMANT	RCG	ADDRESS
		SECURITY NO.			
41	18.	CAUSE OF DEAT	<u>                                     </u>		APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
Ш	LEADING TO DEATH	(A)IMMEDIATE CAL	ISE UREMIA		our units.
	(This does not mean the mode of dying, heart failure, asthenia, etc. 11 means the disc	COL DIETO OR AC	A CONSEQUENCE OF:	<del>/************************************</del>	
	injury ar complication which caused death.)	1.11.	1211 1.	, , /	
	ANTECEDENT CAUSES	(B) Aslate	al Obstruction	y arefers	
1	DISEASES OR CONDITIONS, il any, gi rise to the obave cause (A) stating	the OUE TO, OR AS	A CONSEQUENCE OF:	0	,
	UNDERLYING CONDITION last	(c) metast	aric C/+ 0/16	e Cesury	6 months
z	11	1 1	1 . 0 . 1 . 1	0 .	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIN	NG Intest	enal Obstruct	LOX.	1 days
Σ	DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION [198. CONDITION F	OR WHICH OPERATION	[20A. AUTOPSY? (Yes or No)] 208	IF YES, WERE FINDING	S CONSIDERED
CERTIFIC	WAS PERFORMED		NO IN	LIF YES, WERE FINDING CERTIFYING CAUSES OF	DEATH?
7	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined	218. PLACE OF INJURY (e.g., inhome, form, foctory, street, of elc.)	n or about 21C. WHERE DID	(If In/Boltimore City, gi	ve exocl location)
EDIC	21D-TIME (Month) (Doy) (Year) (Hour	21E INJURY OCCURRED	215 110 11 212 11111		
ME	OF INJURY (APPROX)	While At Not While	21 F. HOW DID INJURY	JCCUR?	
		THOIR - AL HOIR			
	22. I certify that (I) (this hospital) attend		AUG 12 19 7		23 1970
	that (I) (we) lost sow the deceased olive		19_70 ond that in	(my) (our) opinion dec	oth occurred on the dote
1	ond hour and from the couses stated abay	e. (1) (We) (did) (did not) v	lew the body ofter death.		
	A. I WI I	Alte	nding Med. Stuff		TE SIGNEO
W	23 CHANSTIANS Paver Cuers	DEGREE Phys	Director L Phys.	8-	.23-70
	23C/PHYSICIAN'S NAME (Type)	, a 11	23D. ADDRESS		
24	S BURIAL CREMATION, 24B. DATE 24	SGILINAN MEGREE	NORTH CHARLE	S HOSPITAL	_
1	REMOVAL (Specify)	1 11	MATORY 24D. LOCAT	1 . 1 .	or county) (Stote)
75	Constal 8/26/70	Douldwar.		Gouldfrory	- / M. J.
A	UG 2 4 1970 Jasen E. John Marie	ME OF REGISTRAR	120 ph. 13- AOTA	1. K/304n.	Central at
VS	150-REV. 1/1/68				



hetter from M. E. a office 8-25-70 M. H.

18	0			BALTIMORE CITY	HEALTH DEPARTMENT		70 0400
11	TH NO.	70	8400	CERTIFICA	TE OF DEATH	REG. NO	20 8400
1, I (Ty	Pe or Print	IBETAHZ	MRS	CLARA D.	2. DATE	AND HOUR OF DEATH	2 16:45 4
3.		MORE MARYLAN			4. USUAL RESIDENCE (W	here deceased lived. If in	stitution: residence before admission)
H	JLL NAME OF OSPITAL OR ISTITUTION	(IF NOT IN HO ADDRESS OR	LOCATION	TITUTION, GIVE STREET	Bultinon C. CITY OR TOWN	mayfound	2 1218 /2 / / / / / IDE CITY LIMITS?
1/2	Church	1 Home	+ Bo	epitul	Baltimore		YES 🖺 NO 🗌
	LOD M	Brown	y Br	epital et. hu.	E. STREET AND NUMBER	using fa	rlenny
	F	6. RACE	WIDOW		5-30.84	9. AGE (in years ( lost birthdoy)	on the Doys Hours Min.
dor	A. USUAL OCCU	PATION (Give kind o orking life, even if ret	red) KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or to	oreign country)	12. CITIZEN OF WHAT COUNTRY?
L	-Horse		c Kirk	Silverware	Baltimore, Mar	ryland	USA
13.	FATHER'S NAM				14. MOTHER'S MAIDEN N	AME	
			0	T.	Anna Broe	seker	
15. (Ye	s, no or unknown)	Ever in U. S. Arme Of yes, give wor or	d Forces? dotes of service		17. INFORMANT		ADDRESSBalto
_	No				Philip Beigel	111 N. Charl	
		OR CONDITION EADING TO DEA		CAUSE OF DEAT		0 /	BETWEEN ONSET AND DEATH
	(This does no	f meen the mode	of dving. e.	(A) IMMEDIATE CAL	ISE PLULY ALIZE A CONSEQUENCE OF:	d alerioso	lengers years
	injury at comp	slhenia, elc. Il m lication which co	eans the diseas used death.)	e,			Q
	A	NTECEDENT CAL	JSES	(0)			
	rise to the	CONDITIONS, above cause CONDITION losi	(A) sloling fl	(c) May 15	A CONSEQUENCE OF:	ilection	14 olays
_		II					
ATIO	TO THE DEATH DISEASE OR CO	ANT CONDITIONS BUT NOT RELATED NOTION GIVEN IN	TO THE TERMINA	L	<u> </u>	***************************************	······································
CERTIFICATIO	0	WAS	PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 208. IF YES, WERE I	FINDINGS CONSIDERED USES OF DEATH?
CAL	OR CONTRIBUT DEATH (notify r	WAS UNDERLY!! ING CAUSE OF nedicol exominer	1G 2 2 h	1B PLACE OF INJURY (e.g., i ome, form, foctory, street, o ic.)	n or about 21C. WHERE DID INJURY OCCUR?	(If In Boltimore	e City, give exact location)
MEDI	OF INJURY (APPROXI	Monthl (Doy) (Y	v	Vhile AI Not While Vork At Work	21F. HOW DID II	NJURY OCCUR?	
	22. I certify t	hat (1) (this has		the deceased from	In 4/7	19 tv to 9	y. 20 19 1970
	that (1) (we) 1	ast sow the dec	eased alive an	any lo [ Gior	411	,	nion death accurred an the dete
	and have and	from the causes	stated above.	(I) (We) (dld) (dld not) v	lew the body after death		
	23A. SIGNATUR			44.	- P	e. #	23B, DATE SIGNED
	MA. E	LENA 1	1. MARIG	DEGREE Phy		Staff Phys.	
	NAME (Typ	oel .	. 1/ .		23D. ADDRESS	Ime + fto	spilvey o
244	BURIAL CREM REMOVAL (Sp	ATION, 248 DAT		LA NGAY DEGREE NAME OF CENETERY OF CRI	MATORY 240.	LOCATION (Cit	ly, sown, or countyl (Stote)
	Burial	8/24	/1970 Wo	odlawn Cemeter	у В	altimore, Mar	yland
254	AUG 24	1970 Rube	25 R. NAMI	OF REGISTRAR	25C. FUNERAL DIRECTO Eugenia K.	Seitz 5209 Yo	ADDRESS ork Road o. Md. 21212
VS	150-REV. 1/1/68			man at a	The second second	LET EOMO	



11			BALTIMORE CITY	HEALTH DEPARTMENT		
1/	-100 70	8401		TE OF DEATH	REG. NO	70 8401
	RTH NO.		CLITTICA			0 .0 4
	pe or Print) MILTON	EAD,	LIPPY	2. DATE A	- 70 545	
3.	PLACE IN BALTIMORE, MARYLAND, W	,				institution: residence before admission)
				A. STATE B. COU	NIY	/ John John John John John John John John
HO	LL NAME OF (IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTIT ATION)	UTION, GIVE STREET	M.D. (C. CITY OR TOWN	ARROLL	5600
I''	STITUTION LUCIVERSITY OF M	MOVI AN	III AII	WEST MINS		SIDE CITY LIMITS?
	00	7,100		E. STREET AND NUMBER	1	YES NO 🗵
-	38 HOSPITAL			RT. 2	(21157)	# 2115 7
5. :	SEX 6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	ale White	WIDOWED		7/29/1936	last birthday) 34	Months Doys Hours Min.
104	USUAL OCCUPATION (Give kind of worker during most of working life, even if retired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY?
	Laborer		Distributing	Carroll Coun		U.S.A.
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NA		
	John W. Lippy			Hilda M. 2	Zenn	
15.	Was Deceased Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT	rehh	ADDRESS
(Te:	s,no or unknown) (If yes, give war ar date	s af service)	SECURITY NO.	N 0 -		21157
_	18. ¬ O C V I		215=32=8534 CAUSE OF DEATH	Mrs. Carrie I.	. Hyler, Wes	tminster, Md. R-2
	DISEASE OR CONDITION DIE	ECTIV	CAUSE OF DEATE			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH	KECILI		7 Pullagar	ARY EMPO	cus 24 hrs.
	(This does not meon the made of heart failure, asthenia, etc. It means	the disease.	(A) IMMEDIATE CAU	CONSEQUENCE OF:	ACT CONE	CW2 27 1000 ,
	injury ar camplication which caused		<u> </u>	0.00	Charge	
	ANTECEDENT CAUSES		(B) HRONCE	CHT 20 7	O STAPA EN	DOCAMONIS SWKS.
	DISEASES OR CONDITIONS, if rise to the above cause (A)	any, giving	DUE 10, OR AS	A CONSEQUENCE OF:		
	UNDERLYING CONDITION last.		(c) 3 0 L	D RHD		
-	11			<del> </del>		
0	OTHER SIGNIFICANT CONDITIONS COLTO THE DEATH BUT NOT RELATED TO THE	NTRIBUTING	ACUTE	RENAL SHUT	DOWN	
CAI	DISEASE OR CONDITION GIVEN IN PAR	T 1 (A).	***************************************			
CERTIFICATION	WAS PER	ORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or N	IN CERTIFYING CA	FINDINGS CONSIDERED
CER	21A. ACCIDENT WAS UNDERLYING	218.	PLACE OF INJURY (e.g., (n	or about 21C. WHERE DID	(II In Baltimo	re City, give exact lacation)
-1	OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	hom	e, form, lactory, street, off	ice bldg., INJURY OCCUR?	let ett Doublino	ie Gily, give exact location;
	21D-TIME (Month) (Doy) (Year)	(Houd 21E	INJURY OCCURRED	215 110111 515 111		
ME	OF INJURY (APPROX.)		le At Not While	21F. HOW DID IN	JURY OCCUR?	
		Was	k L At Wark	Ш		
- 1	22. I certify that (1) (this hospital			17 July	19 70 to	21 Ance 1970
- 1	that (1) (we) lost saw the decease	-	21 Aug			Inlon dooth occurred on the date
	and haur and from the causes stat	ed abave.(()	) (We) (did nat) vi	ew the bady after death.		
	23A. SIGNATURE	1	1			23B, DATE SIGNED
		cours	agaree After Phys.	Iding Med.	Staff - Phys.	8-21-70
	23C-PHYSICIAN'S NAME (Type)			3D. ADDRESS		
		CKOWI	AK	UNIV. OF MD.	HOSPITAL	, BALTO. Md.
24A	BURIAL CREMATION, 248. DATE		ME of CEMETERY OF CRE			ity, town, or county) (Stote)
	Burial 8/24/70	St.	Marys Cemeter			
25A	DATE REC'D BY HEALTH DEPT.		F REGISTRAR	259. FUNERAL DIRECTO		rroll Co., Md.
	111621 1970 PRASE	Jaber		(Wichard	A TITH	a Houte
VS	150-PEV 1/1/69	MACOCA	71.0	Manual .		- unicocount

DIRECTOR:

FUNERAL



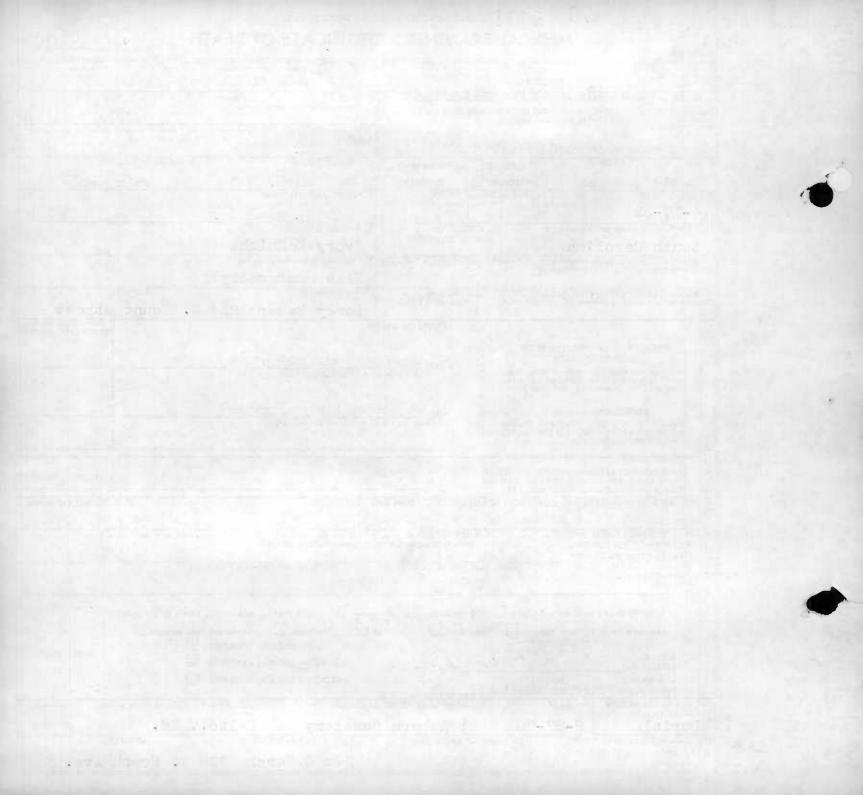
70 8403 BALTIMORE CITY	Y HEALTH DEPARTMENT	
96 70/	C CENTIFICATE OF DEATH	
BIRTH NO.	S CERTIFICATE OF DEATH REG. NO. 70 84	03
1. NAME OF DECEASED (Type or Print)  JASPER LEE REES	E 2. DATE Knawn Manth Day Year Hour	
Jasper Reese -	DEATH Estimated 5 23 70 8:30	P.M
Jaspet Reese  4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED FAT  FILL MIRE THE FNOTA HOSPITAL OR INSTITUTION ON INSTITUTION  11-17-	D 3. DATE PRONOUNCED DEAD 8 23 70 8:30	I M
4/6 Lutheran Hospital	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admit B, COUNTY	ssian)
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?	
male Negro WIDOWED DIVORCED		
9. DATE OF BIRTH  5-30-33  10. AGE (in years   If Under 1 Yr. II Under 24 Months; Days   Hours   10. AGE (in years   10. AGE (	Hrs. E. STREET AND NUMBER 3717 Flowerton Road	
11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	
North Carolina	Chessie Reese	
14A-USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUdone during mast of warking life, even if retired)		
16. WAS DECEASED EVER IN U.S. ARMED FORCES?   17. SOCIAL	Sudie Moore	- 14
(Yes, no or unknown) (Il yes, give war or dates of service) SECURITY NO.		
[19. K37-50-0.	119 Margie Reese 3717 Flowerton Road	
	Rheumatic heart disease	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		
(This does not mean the made of dying, e.g., heart failure, atthenia, etc. It means the disease	, OR AS A CONSEQUENCE OF:	
heart fallure, asthenia, etc. It means the disease, injury ar complication which caused death.)		
ANTECEDENT CAUSES (B)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	OR AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LÁST. (C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS		·
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION	N WAS PERFORMED 21. AUTOPSY? (Yes of	or Na)
	yes	
UNDERLYING TOR CONTRIB- UTING CAUSE OF DEATH.	e.g., in ar obout 22C. WHERE DID (if in Bolitmore City, give exact location) office bldg., etc.)	
	NOT WHILE AT WORK A	
23.		
I certify that I held an Inquiry Inspection		
resulted from: Natura Causes X Accident Su	vicide Homicide Undetermined manner	
ACTUAL SILVER SI	CHIEF MEDICAL EXAMINER DATE SIGN	NED
SIGNATURE EVANUATION TO THE STATE OF THE STA	.M.D. ASSISTANT MEDICAL EXAMINER 48/24/7	0
EXAMINER'S Peter Lipkovic, M.D.	ASSOCIATE MEDICAL EXAMINER	
24A. BURIAL CREMATION, REMOVAL (Specify)  24B. DATE 24C. NAME of CEMETI	(only lowly at easily)	le)
Burial 8-30-70  25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR	Greenville, N.C.	
	25C. FUNERAL DIRECTOR ADDRESS	
AUG 24 1970 Valent E. Farber M.D.	Wm C March 928 E. North Ave.	
VS 151-REV. 1/1/68		

V.S. 153 11-17-70 M.H.

VS 151-REV. 1/1/68

Wm C March

928 E. North Ave.

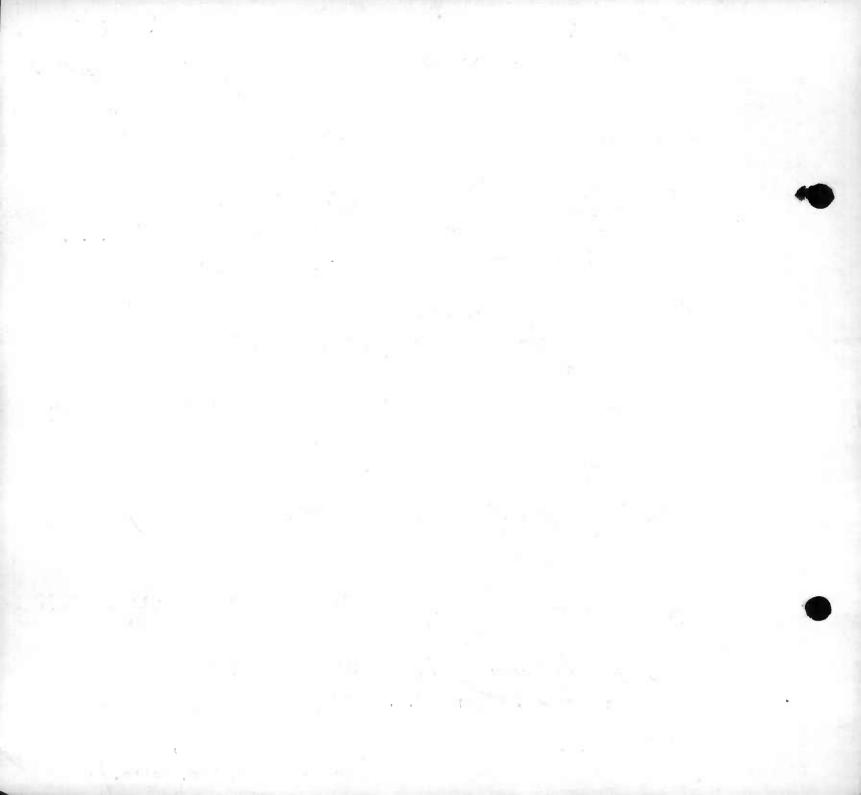


IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

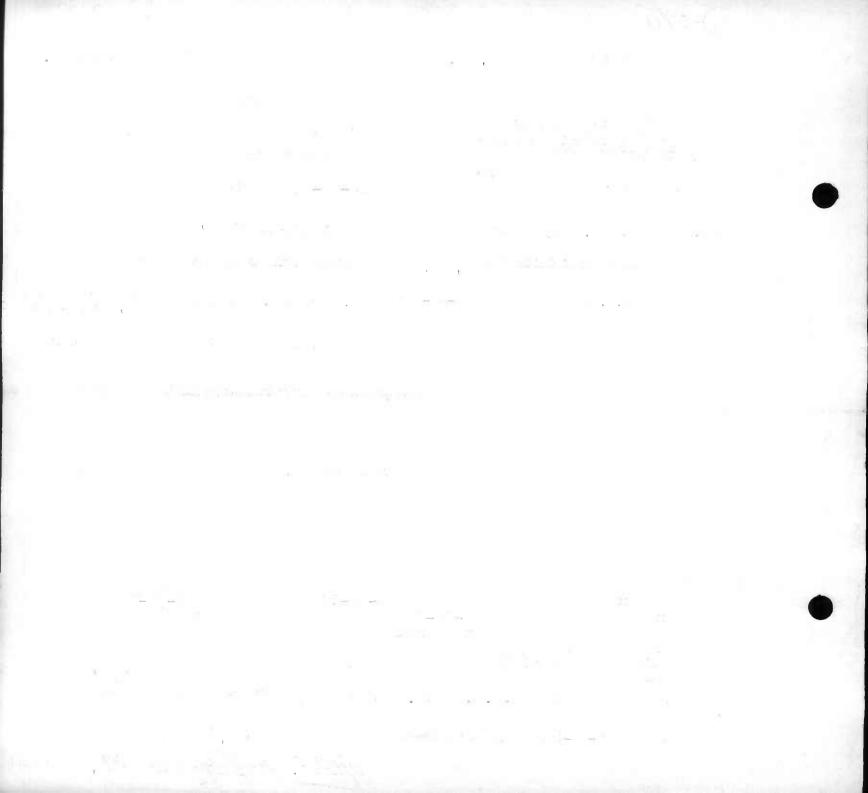


7	P300 70 8406 BALTIMORE CITY HE MEDICAL EXAMINER'S	ALTH DEPARTMENT CERTIFICATE OF DEATH	9406
1. (Ty	NAME OF DECEASED JOHN R. FOTTEE RALPH POTEE	2. DATE Known Month OF DEATH Estimoted	Doy Year Hnur
1	SPILE RITE RESARIPCTION AMENDED  UNION MEMORIAL HOSPITAL (DOA)	3. DATE Month PRONOUNCED DEAD August 1 5/ BSUAL RESIDENCE (Where deceased lived.) A. STATE Maryland B. C	M.
	SEX   7. RACE   8. MARRIED   NEVER MARRIED   Male   Widowed   DIVORCED	•	VES NO
	DATE OF BIRTH  10. AGE (In years  It Under 1 Yr. It Under 24 Hrs.  SEPT, 22, 1934  10. AGE (In years  Months: Days  Hours  Min.  35  12. CITIZEN OF  WHAJ COUNTRY?  BALTO, MA	4403 LaPlata Avenue  13. FATHER'S NAME  MICHAEL POTEE	
16	A.USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUSTR he during most of working life, even if relired)  BLUE CROSS—BLUEShie  WAS DECEASED EVER IN U.S. ARMED FORCES?  IT. SOCIAL SECURITY NO.  216-30-009		ADDRESS SAME
-	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  CAUSE OF DEA  Hemope	ritoneum	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
20	heart follure, asthenio, etc. It means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  Blun	ure of Bladder  AS A CONSEQUENCE OF: t force injury to abdomer	n
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED	21. AUTOPSY? (Yes ar No)
MEDICAL CI	22A. EXTERNAL CAUSE WAS  UNDERLYING OR CONTRIB-  UTING CAUSE OF DEATH.  22B. PLACE OF INJURY (e.g., office), street, office  CAUSE OF DEATH.  22D. TIME (Month) (Day) (Year) (Hour) 122E. INJURY OCCURRED	Unk. Beltway about 22F. HOWDID INJURY OCCUR?	aven Blvd. Exit
	I certify that I held on Inquiry Inspection Acres Accident Suici	de Hamicide CHIEF MEDICAL EXAMINER	th in my opinion
	SIGNATURE AND AND AND AND AND AND AND AND AND AND	ASSOCIATE MEDICAL EXAMINER	8/19/70 (City, town, or county) (State)
25	AUGUST 21-70 BALTIMERE,  SA. DATE REC'D BY HEALTH DEPT.  AUG 25 1970 BELLE L. R.D.  AUG 25 1970 BELLE L. R.D.	11 -	RECEIRCH ROBALTO, MO
VS	151-REV. 1/1/68		V

hetter from M. E. is office M.H.

VS 151-REV. 1/1/68

D-340 BIRTH NO.		8408		HEALTH DEPARTMENT	X REG. NO	.70	8408	
IType or Print)	Thomas P	DUDLEY	Jr.	2. DATE A	d August	н	4:02 pm.	
FULL NAME OF HOSPITAL OR INSTITUTION	IMDRE MARYLAND, V  (IF NOT IN HOSPII ADDRESS OR LOC  KENZEXEXEN  SAMATITAN A  A  A  A  A  A  A  A  A  A  A  A  A	TAL OR INSTITU ATION)	TON, GIVE STREET	4. USUAL RESIDENCE (WIA. STATE B. COU  Md Fre  C. CITY OR TOWN  Frederick  E. STREET AND NUMBER  102 E 2nd S	derick	institution: r	Presidence before admission)  JMITS?	
M	White	WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 10-24-96	9. AGE (In years lost) 73	If Under	Days Hauss Min.	
	XX Ret. Lawy	1	BUSINESS OR INDUSTRY Orney	11. BIRTHPLACE ISloto or for	Madras, India		ZEN DE WHAT COUNTRY	
1	workxaconxixkad	Dud!	mas Parker ley, Sr.	14. MDTHER'S MAIDEN NA XXXXX XXXXXXX	· · · · ·	Fraz	zier	
Yes, no or unknown)	Ever In U. S. Armed For Of yes, give wor ar dete W. W. # 1	ces? s of service)	6. SOCIAL SECURITY NO. 097-05-6331	Mrs. Louise W.	Intel Att		ADDRESS Second Street , Maryland 21	
(This does no	OR CONDITION DIS EADING TO DEATH	dvina e a	CAUSE OF DEATH	Cardiac			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH minutes	
DISEASES OR	sthenia, atc. II means lication which caused NTECEDENT CAUSES CONDITIONS, if above cause (A) CONDITION last.	death.)		alised arter	ioscleros	Ls	years	
✓ IDISEASE OF CO	ANT CONDITIONS COL BUT NOT RELATED TO TH NOTION GIVEN IN PART PERATION 198 CONI WAS PERF	E TERMINAL I (A), DITION FOR WE	***************	kinsons Dise	208 IF YES WERE	FINDINGS	years	
DEATH (notify m	WAS UNDERLYING	218, 9	LACE OF INJURY (e.g., In (orm, foctory, street, affi	NO or obout 21 C. WHERE DID co bldg., NJURY OCCUR?	IN CERTIFING CA	USES OF E	exact location)	
21D. TIME OF INJURY (APPROX.)	21D. TIME (Month) (Doy) (Your (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?							
that (1) (30) Id	22. I certify that \$\frac{1}{2}\$) (this hospital) attended the deceased from \$\frac{8-21-70}{19}\$ to \$\frac{8-22-70}{19}\$ that (1) (\$\frac{1}{2}\$) lost sow the deceased clive on \$\frac{8-22-70}{19}\$ and that in (my) (\$\frac{1}{2}\$) opinion death accurred on the date and hour ond from the causes stated above. (1) (\$\frac{1}{2}\$) (did) \$\frac{1}{2}\$ (\$\frac{1}{2}\$) view the body after death							
23C. PHYSICIAN David	J Tiller	MB.B.	S.MRACP.	D. Address Deepwood	Shoff Phys.   d Rd Balt		22, 1970 21218	
REMOVAL (Spe	ATIDN, 248. DATE scily) 8-25-197		NE of CEMETERY OF CREA			ly, town, or	county) (State)	
5A. DATE REC'D BY AUG 25	HEALTH DEPT.	25B. NAME DF C. Jaiber	REGISTRAR	Robert E. Dar	1000 1 1011 0011		ADDRESS ick, Maryland	

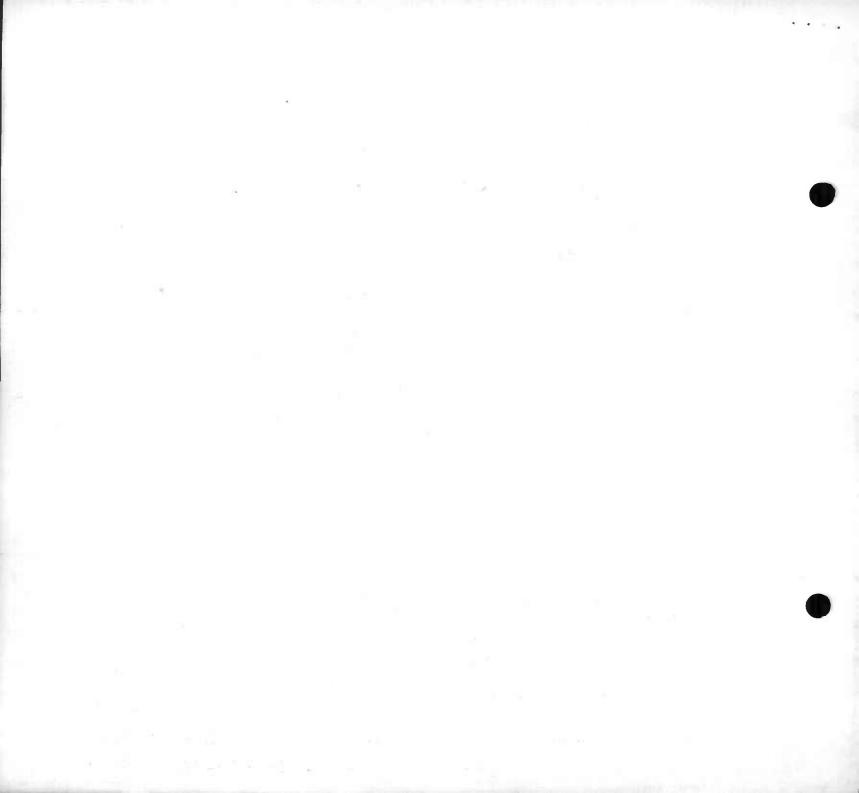


VS 150-REV. 1/1/68



FUNERAL DIRECTOR: IMPORTANT

5-600		HEALTH DEPARTMENT	70	8410
BIRTH NO. 70 8410	CERTIFICA	TE OF DEATH	REG. NO	
1. NAME OF DECEASED  (Type or Print)  SCHORR MR	ANNA	M 2 DATE AND HO	199 O BP.M	A
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRON	OUNCED DEAD	4. USUAL RESIDENCE (Where deco	eased lived, If institution:	esidence before odmission
FULL NAME OF (IF NOT IN HOSPITAL OR INST	TTUTION, GIVE STREET	MARYLAND		1.746
	OSPITAL	C. CITY OR TOWN	D. INSIDE CITY I	IMPS?
Choken tome ma	1231	C CTDEET AND AUTHORS	YES 🗠	NO 🗌
3.5	1 & 5 )	8017 LOUISE	AYE (	14)
5. SEX 6. RACE 7. MARRIE WIDOWE	DIVORCED	5 . 9 . 91 lost bi	rthdoy) Months	Pr 1 Yr. 11 Under 24 Hrs. Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 108, KIND done during most of working life, even it retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign con	untry) 12. CIT	ZEN OF WHAT COUNTRY
HONE MAKER		MD		AMERICA
13. FATHER'S NAME	a P	14. MOTHER'S MAIDEN NAME		
FREDRICK KE	IV	ANNA MUL	LER	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or Unknown) (If yes, give wor or dotes of service	1 6. SOCIAL	17. INFORMANT		ADDRESS
give wor or doles of service	SECURITY NO.	MR. HARRY K	EMP THE	ULLER AVE
18. / / 2 / 4	CAUSE OF DEAT	· · · · · · · · · · · · · · · · · · ·		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	,	P. COO		BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAU	SE / attracto Co	nesaral	For way.
(This does naf meon the made of dying, e.c. hearf failure, asthenia, etc. If means the diseas	DUE TO OP AS	CONSEQUENCE OF:	Solution	
injury or camplication which coused deoth.)	00	DOD MA	_	100 %
ANTECEDENT CAUSES	(B) (B)	a franzas	Qu	grafam
DISEASES OR CONDITIONS, i( ony, givin rise to the above cause (A) stating the UNDERLYING CONDITION (ast.		A CONSEQUENCE OF:	Ren Dio.	· June.
		400 rousou o	20000	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A].				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 178 CONDITION FOR WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 12	WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B.	IF YES, WERE FINDINGS CERTIFYING CAUSES OP	CONSIDERED DEATH?
OR CONTRIBUTING CAUSE OF	B. PLACE OF INJURY (e.g., in ome, form, foctory, street, of c.)	or obout 21C. WHERE DID	(If in Boltimore City, giv	e exoct location)
U OF INJURY	E INJURY OCCURRED	21F. HOW DID INJURY O	CCUR?	
< (APPROX)	/hile At Not While At Work			
22. I certify that (this haspital) attended		is of Janger	to Quego	D 20 10 10
that (We) Post sow the deceased ofive on	0.0.10-	19 DO and that int	(our) opinion dea	th occurred on the dot
ond haur and fram the couses stated above	(did) (did host v	ew the body ofter deoth.		
23A. MONATURE	y 0h	nding Med. Staff Director Phys. (	23 B, DA	E SIGNED
23C. PHYSICIAN'S HAME (TYPE) LANDO HER	DEGREE	3D. ADDRESS V.	succore	Ny SR
24A- BURIAL CREMATION, 24B. DATE 24C.	NAME of CEMETERY OF CRE	MATORY 24D. LOCATIO	D 212	or county) (State)
REMOVAL (Specily)	Parkwood (emete			
	OF REGISTRAR	Pry Ba 25C. FUNERAL DIRECTOR John C. Miller I	nc-6415 Belai	APPRESS A Ka.
VS 150-REV. 1/1/6B	, 100	1000000 1		The state of the s



IMPORTANT

FUNERAL DIRECTOR:

	B-500)			BALTIMORE CITY	HEALTH DEPARTMENT		70 5444	
В	RTH NO.	70	841	1 CERTIFICA	TE OF DEATH	REG. NO	70 8411	
	NAME OF DECEA	SED				ID HOUR OF DEATH	10.00	
3,	PLACE IN BALTIA	MORE MARYLAND,	BOWHERE PRO	Wen		ist 22, 1970	titution: residence before admission)	
FI	ULL NAME OF OSPITAL OR ISTITUTION		TAL OR IN	STITUTION, GIVE STREET	Maryland C. City or town	Baltimore	E CITY LÍMITS?	
li.					Baltimore		YES XX NO [	
		Penhurst.	Avenu	e	4310 Penhurs	t Avenue 21	215	
		RACE	7. MARRI		B. DATE OF BIRTH	9. AGE (In years lost birthday)	ti Under 1 Yr. Il Under 24 Hrs. Manthsi Days Hours Min.	
111.	Female	White	WIDOW		7-5-1876 11. BIRTHPLACE (State or lare)	94		
do	AT H	king lite, even it retired)	I I I I I I I I I I I I I I I I I I I	OF BUSINESS ON INDUSTRI	Baltimore, Man		USA	
13	FATHER'S NAME				14. MOTHER'S MAIDEN NAM	ME		
	Alexande		archa		Ada I	L Lyon		
15. (Ye	. Was Deceased Eves, no ar unknown) ((1	er in U. S. Armed Fo yes, give war or dal	rees? es al servic	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
	NO			NO	Mrs.Wm.G.Rh	oten-1309 D	enbright Rd # 28	
		OR CONDITION DEATH		CAUSE OF DEAT	C+ .	0. 4	BETWEEN ONSET AND DEATH	
	injury or complic	meen the mode of henia, etc. It means calion which coused	s the disea i deoth.)	A.g., (A) IMMEDIATE CAU DUE TO, OR AS	A CONSEQUENCE OF: Hea	A Disen	4 .	
		TECEDENT CAUSES		(B)	***************************************			
	rise to the	CONDITIONS, if above couse (A) ONDITION lost.	ony, givi	ing DUE 10, OR AS lhe (C)	A CONSEQUENCE OF:			
ATION	TO THE DEATH B	II NI CONDITIONS CO UI NOT RELATED TO I DITION GIVEN IN PAI	HE TERMINA	AL de	reralized as	tur felen	-5ys.	
CERTIFIC	19A. DATE OF OP	ERATION 198 CON WAS PER	IDITION FO	PR WHICH OPERATION	20A. AUTOPSY? (res or No)	208, IF YES, WERE FIN IN CERTIFYING CAUS	NDINOS CONSIDERED	
ZA Z	OR CONTRIBUTION DEATH (notify me		ľ	218 PLACE OF INJURY (e.g., in home, larm, lociary, street, of etc.)	or obout 21C. WHERE DID	(It In Baltimore	City, give exact location)	
MEDI	OF INJURY	onth) (Doyl (Year)		White At Not White Work At Work	21F. HOW DID INJU	JRY OCCUR?		
	22. I certify that (I) (this hospital) attended the deceased fram Tul-26. 19 66 to Ciny 22 - 19 20 that (I) (see) lost saw the deceased alive on 8 20 19 and that in (my) (ear) of inlan death accurred an the date and hour and fram the causes stated above. (I) (did (did not) view the bady after death.							
1								
	23A. SIGNATURE	L. Phan	ber		nding IX Med.	Shaff 2	3B. DATE SIGNED	
-	23C. PHYSICIAN'S NAME (Type)	L. Cha	mbe	- STOREL	100 W. Coly	Spring	Bulla-m	
244	REMOVAL (Spec	ifyl		. NAME of CEMETERY OF CRE		/	town, or county) (Stote)	
26.	Burial	8-25-70		Loudon Park Ce	4	ltimore', Mai		
25/	AUG 25 19	70 Robert &		ey M.D.	Armacost Fune	ral Chapel-	4600 Liberty Hts	
VS	150-REV. 1/1/68							

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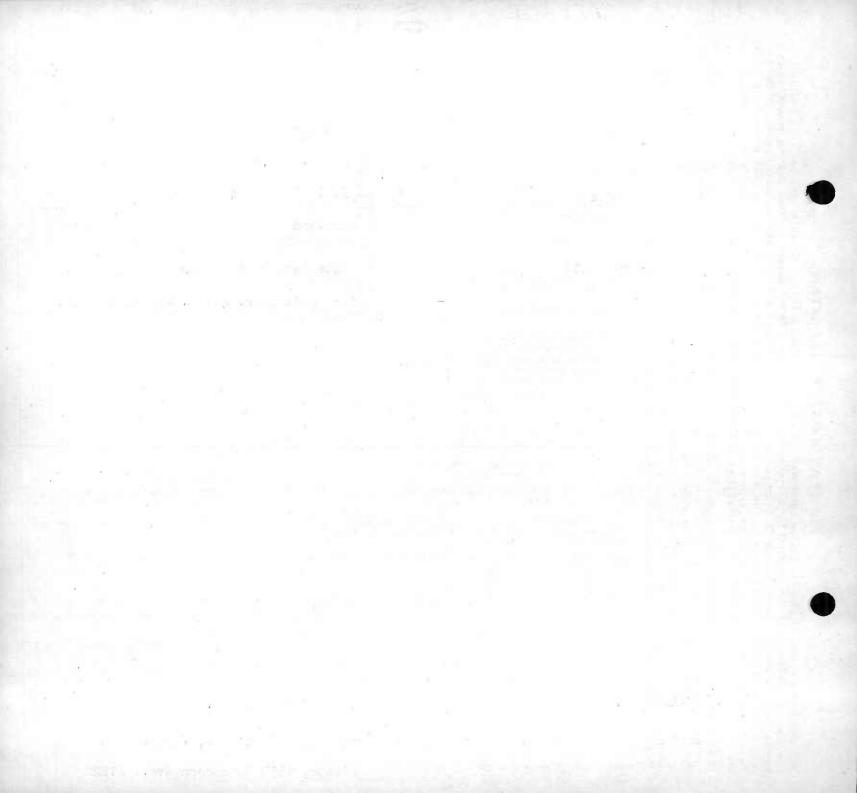
VS 150-REV. 1/1/68

PH VE the state of the s FUNERAL DIRECTOR: IMPORTANT

5-6/9 BIRTH NO.	70	8414		TE OF DEATH REG. NO.	70 8414
T.NAME OF DEC		E A. GR.	ABILL	2. DATE AND HOUR OF DEAT	
3. PLACE IN BAI	TIMORE MARYLAND, W			August 23, 19 4. USUAL RESIDENCE (Where deceased lived, If A. STATE B. COUNTY	institution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU	TION, GIVE STREET	Md.	NSIDE CITY LIMITS?
90	Gould Con	valesa	rium	Baltimore E. STREET AND NUMBER 2814 Berr	YES ▼ NO □
5. SEX Female	White	7- MARRIED WIDOWED	DIVORCED	8. DATE OF BIRTH 9. AGE (In years last birthdoy)	If Under 1 Ye, If Under 24 Hrs. Months Days Hours Min.
nous dring mast of	UPATION (Give kind af wark warking life, even if refired) SEW1fe	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fareign country)  Maryland	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NA	William	M. Bol	nn	14. MOTHER'S MAIDEN NAME Laure	a Snyder
15. Was Deceosed (Yes, no ar unknown No	Ever in U. S. Armed Ford Off yes, give war or date	es? of service)	16. SOCIAL SECURITY NO. 220-48-0680	Mrs. Lois McFarland,2	Address 814 Berwick Ave.
O OTHER SIGNIF TO THE DEAT TO DISEASE OR CO	OR CONDITIONS, if above cause (A) CONDITION last.  II  ICANT CONDITIONS CON H BUT NOT RELATED TO INDITION GIVEN IN PART OPERATION 1988. CONT	Stating the	Cerebral c	Aconsequence of: f	*************
. OR CONTRIBLE	WAS PERFI	21 B, P	LACE OF INJURY (e.g., in		E FINDINGS CONSIDERED AUSES OF DEATH? ore City, give exoct lacation)
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)		Not While	21F. HOW DID INJURY OCCUR?	
	that (I) (thi <del>s hospital</del> ) last saw the deceased		deseased from 22	1935 to 966	
and haur and 23A. SIGNATU 23C. PHYSICIAI NAME (Ty	rhent fole	etstone	M D- Atten	ding Med. Staff Director Phys. D	238 DAJE SIGNED Wy. 74, 1970
24A. BURIAL CREA REMOVAL (S BURIA	HER DE	70 Mour	ME of CEMETERY OF CREATER VIEW	7 mars make minimum	Fily, town, or county) (Stote)
25A. DATE REC'D AUG 25 19 VS 150-REV. 1/1/6	10 Tabers E.	SE NAME OF		Leonard J. Ruck, In	ADDRESS

· x . o z iya a naz C. si . . . 





	W-262 70	8417		HEALTH DEPARTA		70 8417	
- 11	Type or Print WIEC Z	MARY	(MARIA) WIE	CZOREK 2.	DATE AND HOUR OF DEAT	H 10:30 P1	m
	3. PLACE IN BALTIMORE, MARYL	AND, WHERE PRONC	OUNCED DEAD	4. USUAL RESIDEN	CE I Where deceased lived. If B. COUNTY	institution: residence befare admissi	M.
	FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS CONSTITUTION	HOSPITAL OR INSTI	TUTION, GIVE STREET	C. CITY OR TOWN	LAND -	SALTO, CO.	4.0
	2 BON SECOURS	HOSPITA	)(	E. STREET AND NU		YES NOTTO	0
4	S. SEX   6. RACE	7. MADDICO	C Alexandra C	S. DATE OF BIRTH	700-WE		
	FW	WIDOWED	NEVER MARRIED D	2/4/04	lost birthdoy)	Il Under 1 Yr. Il Under 24 F Months Doys Hours Min.	Hrs.
	OA. USUAL OCCUPATION (Give kindered during most of working life, even if	d of work 108, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stat	e or foreign country)	12. CITIZEN OF WHAT COUN	TRY?
	Housekeeper	-		POL	AND	Poland	
1	3. FATHER'S NAME			14. MOTHER'S MAIL	DEN NAME	Foland	
	Joseph	Wieczore	k	Mari	a Lesniewska	L	
1	5. Was Deceased Ever in U. S. An Yes, no ar unknown) (If yes, give wor	med Forces? or dotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
		21	9-54-2736	Sister M.	Helen, 1222 T	ugwell Drive	
	DISEASE OR CONDITION	ON DIRECTLY	CAUSE OF DEATH	Anna	iac Failune	APPROXIMATE INTERVA BETWEEN ONSET AND DE	
	(This does not meon the m heart failure, asthenia, etc. It injury ar complication which	means the disease	(A) IMMEDIATE CAU	CONSEQUENCE OF:	-	***************************************	м
	ANTECEDENT C		(Moumon)		10 190 R.L.a	1 mo.	
	DISEASES OR CONDITION rise to the abave cause UNDERLYING CONDITION to	(A) sigling the	(c) Heper	A CONSEQUENCE OF	Ca. Breast-	3 years.	
1000	OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATE DISEASE OF CONDITION GIVEN	D TO THE TERMINAL				V	<u> </u>
11 0	19A. DATE OF OPERATION 19	AS PERFORMED	which operation licial absers.	NO .	es or No.) 20B, IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?	•
14.5	OR CONTRIBUTING CAUSE CONTRIBUTING CAUSE CONTRIBUTING CAUSE CONTRIBUTING CAUSE CONTRIBUTION CONT	YING 218 DF hon etc.	PLACE OF INJURY (e.g., in ne, form, factory, street, of	or obout 21C. WHERE INJURY OC	DID (If In Baltimo	ore City, give exact location)	_
AAEDI	21D-TIME (Month) (Doy) OF INJURY (APPROX.)		INJURY OCCURRED  Ile At		DID INJURY OCCUR?	/	
	22. I certify that W (this hat hat (I) (we) lost sow the de		he deceosed/from	19 70	19to	S & 2 19 70	ote
and hour and fram the causes stated above. (1) (We) (did) (did nat) view the bady after death.							
	23A. SIGNATURE RUSSUM		bearmons	ding Med.	□ Sheff □	23B. DATE SIGNED	
		SUMA PRUI	KSAPONG M.D	3D. ADDRESS	eours Hosp.		
24	REMOVAL (Specify) 248. D	ATE 24C. N/	AME OF CEMETERY OF CRE	MATORY	24D. LOCATION (C	City, town, ar county) (State)	_
	Burial 8/2		ly Rosary		Baltimore,	Maryland	
	110010	Ber E. Jak	OF REGISTRAR	M.F.SADO		ADDRESS	VE
V:	150-REV, 1/1/68						

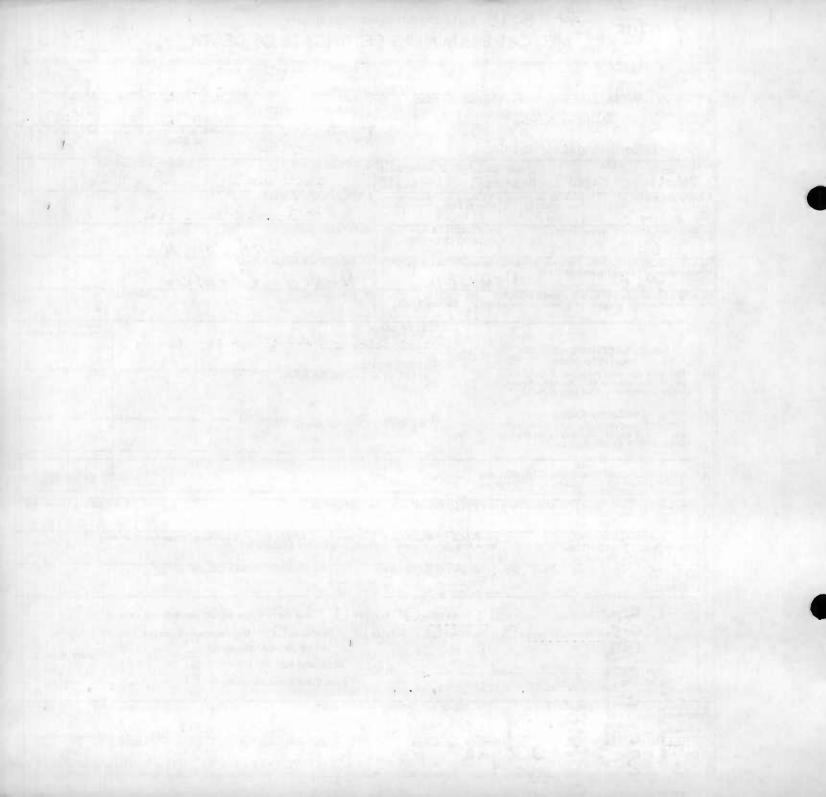


25A. DATE REC'D BY HEALTH DEPT. VS 151-REV. 1/1/68

25B NAME OF REGISTRAR

METAL 25C. FUNERAL DIRECTOR

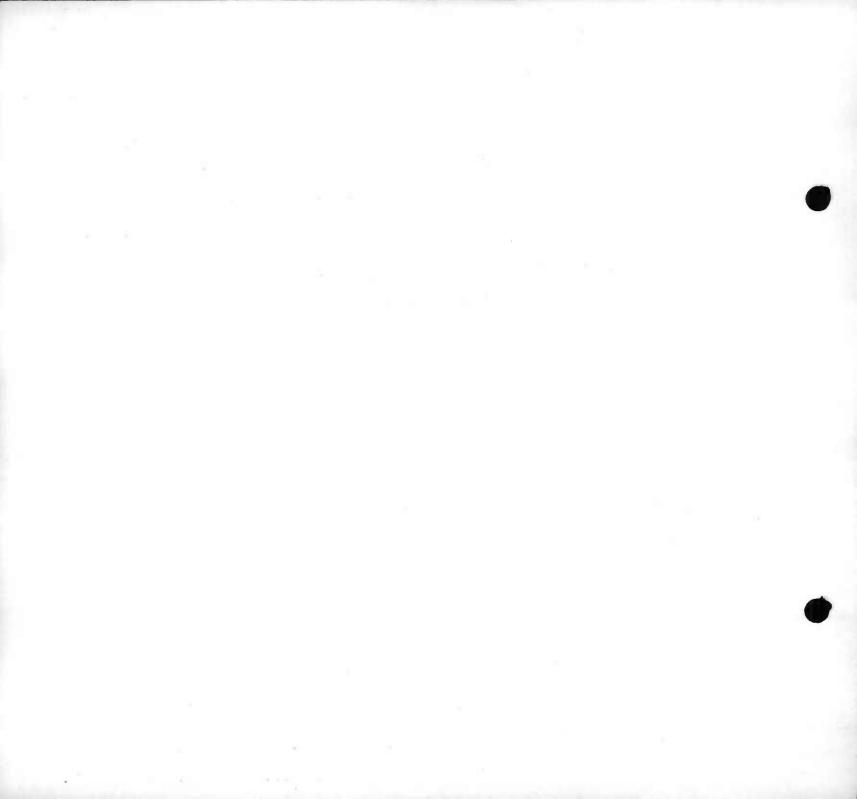
JOHNSON 1900 EUTAWPI



IMPORTANT

FUNERAL DIRECTOR:

5-162		Y HEALTH DEPARTMENT ATE OF DEATH REG. NO.	70 8419
BIRTH NO. 70	8410 CERTIFICA	2. DATE AND HOUR OF DEA	
(Type or Print)	Thomas Spriggs	1200 Feb. 111 14 - 40	in I
3. PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	8-21-70	I institution: residence before admission)
FULL NAME OF IF NOT IN HOSPITAL OR ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET	Maryland c. CITY OR TOWN D. II	NSIDE CITY LIMITS?
00 5103 Govane	Avenue	Baltimore E. STREET AND NUMBER 5103 Govane Ave.	YES NO
ware Wegroid	7- MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 8-3-14 9. AGE (in years last highladay)	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Rigger	Md. Drydock	11. BIRTHPLACE (Stote or foreign country)  Maryland	U.S.A.
13. FATHER'S NAME	***************************************	14. MOTHER'S MAIDEN NAME	
Joseph Spri	ggs	Mamie Reader	
15. Wes Deceased Ever in U. S. Armed Fere (Yes, no or unknown) (ii) yes, give wor or dole:	es?	17. INFORMANT	ADDRESS
no	of service 214-01-2018	Emma Spriggs wife	same
DISEASE OR CONDITION DIR	CAUSE OF DEAT	Bronchogenic Carci	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
(This does not mean the mode of heart failure, osthenio, etc. It meons injury or complication which coused	the diseose,	A CONSEQUENCE OF:	nom> Unknown
ANTECEDENT CAUSES	444199		
DISEASES OR CONDITIONS, If a	***************************************		
nise to the above couse (A) UNDERLYING CONDITION lost,			
11	(c)	***************************************	***************************************
	E TERMINAL		***************************************
19A-DATE OF OPERATION 19R. CONC.	ORMED	110	E FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH Inosity medical examined	1218. PLACE OF INJURY (e.g., lineme, form, foctory, street, of elc.)	n or obout 21C. WHERE DID (If In Boltim fice bidg., INJURY OCCUR?	ore City, give exact location)
OF INJURY (Month) (Doy) (Yeor) (APPROX.)	(Hous) 21E INJURY OCCURRED While AI Not While Work At Work	21F. HOW DID INJURY OCCUR?	
22. I certify that (1) (this hospital)	ottended the deceosed from	19to	1 19
that (1) (we) lost sow the deceased		1970 mond that In (my) (our)	pinion death occurred on the date
ond hour and from the couses state	od obove. (1) (We) (did) (did not) v	lew the body ofter deoth.	9,200
John R. Ha	ntus , MD DEGREE Phys	nding Med. Staff Phys.	23B DATE SIGNED 25 August 1970
23C. PHYSICIAN'S NAME (Type) John R.		20 ADDRESS	aryland Hosp. 225 Greene Ball
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME OF CEMETERY OF CRE	MATORY 24D. LOCATION (	City, town, or countyl (Stotel
Burial 8/28/7			Maryland
AUG 25 1970 Police E.	SE NAME OF REGISTRAR	25C. FUNERAL DIRECTOR, V Baile Lelson F.H. 1348 N.	y ADDRESS
'S 150-REV. 1/1/6B			



Arbutus

258. NAME OF REGISTRAR

REMOVAL (Specify)

Burial

25A. DATE REC'D BY HEALTH DEPT.

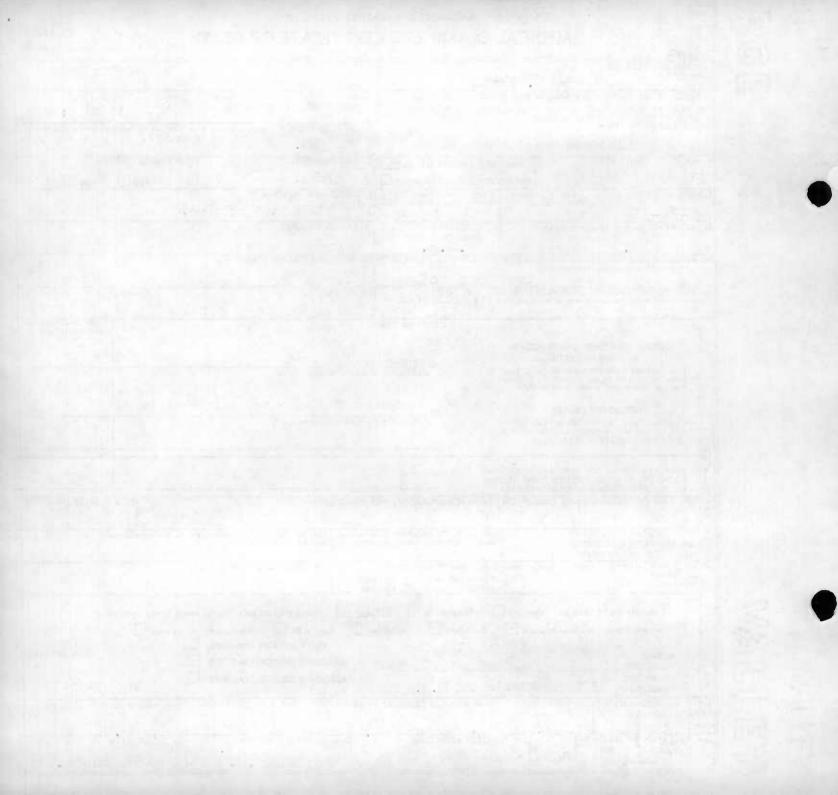
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VS 151-REV. 1/1/68

Kelson F.H. 1348 Calhoun St.

**ADDRESS** 

25C. FUNERAL DIRECTOR



		Y HEALTH DEPARTMENT	יאר - יביי
В		TE OF DEATH REG. NO	70 8421
1. (T	NAME OF DECEASED MARY R. MURPHY  Spec or Print!  MARY R. MURPHY  MURPHY	2. DATE AND HOUR OF DEATH	10731 //:// 4
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If it	nstitution: residence before admission
FIH	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland Baltimore	5300
"	9/2201 PREGONNE DRIVE	Dundalk	IDE CITY LIMITS?
	9/2201 PERGONNE DRIVE	E. STREET AND NUMBER	YES NO 🔼
-	BALTIMORZ, Md. 21218	2130 Willow	Spring Road
	Female WH(72   NARRIED NEVER MARRIED WIDOWED DIVORCED	1-27-80 " " South of the state	If Under 1 Yr. If Under 24 Hr. Months Days Hours Min.
10	OA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTE
	None	Delaware	U.S.A.
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	William Murphy	Mary Hes	ter
15. (Ye	Wos Deceosed Ever in U. S. Armed Farces?  os,no or unknown) [If yes, give war ar dates of service)  SECURITY NO.	17. INFORMANT Brother:	ADDRESS
	No 214-01-0773-	Mr. George A. Murphy Dun	O Willow Spring R dalk, Maryland 21
	18. 5-9 2 A CAUSE OF DEAT		APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY	TE PYZLONEPHRITI	BETWEEN ONSET AND DEA
	LEADING TO DEATH  (This does not mean the made of dying, e.g.,  (A) IMMEDIATE CAL	ISE .	3 Come week
	heart failure, asthenia, etc. Il means the disease, injury ar camplication which caused death.)	A CONSEQUENCE OF:	
	,	TERAL PENAL CALCUL	148 2 40 1
	DISEASES OR CONDITIONS, il any, giving DUE TO, OR AS	TERAL RENAL CALCUI	Las - hm Than /n
-	rice to the above source (A) at the state	CYSTITIS (chrome	) - one muit
"			4
CATION	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DIAB	ETIS HELLITUS	- Monthen 61
CA	DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION		FINDINGS CONSIDERED
CERTIFI	WAS PERFORMED	IN CERTIFYING CA	USES OF DEATH?
	TOR CONTRIBUTE TO A LIVE OF THE PARTY OF THE	n or obout 21C. WHERE DID (II In Ballimar.	City, give exact location)
EDICAL	DEATH (natify medical examiner)  21D-TIME (Month) (Day) (Year) (Hourd 215 IN HIRY OCCURRED		
MEC	OF INJURY	21F. HOW DID INJURY OCCUR?	
	Work Las At Wark		
	22. I certify that (I) (this hospital) attended the deceased from		quat 21 1970
	that (1) (we) last sow the deceased alive on Queent 2		ion death occurred on the da
	ond hour and from the causes stated above. (I) (We) (did) (did not) v	lew the body ofter deoth.	
-		nding Med. Stoff	23B, DATE SIGNED
	Phys	Director L Phys. L	8-21-70
	NAME Clyper	3D. ADDRESS	11 10
24/	KITO SION T (AIV	Montebello State	Horpital
	KEIVIO VAE (Specify)	Baltimore,	y, town, or county) (Stotel
25/	Burial   8-24-70   Oak Lawn  A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR		
81	UG 2 5 1970 Robert E. Farber M.D.		Avenue Address Maryland 21222
ŧ	150-REV. 1/1/68	Dunath,	and a desire where



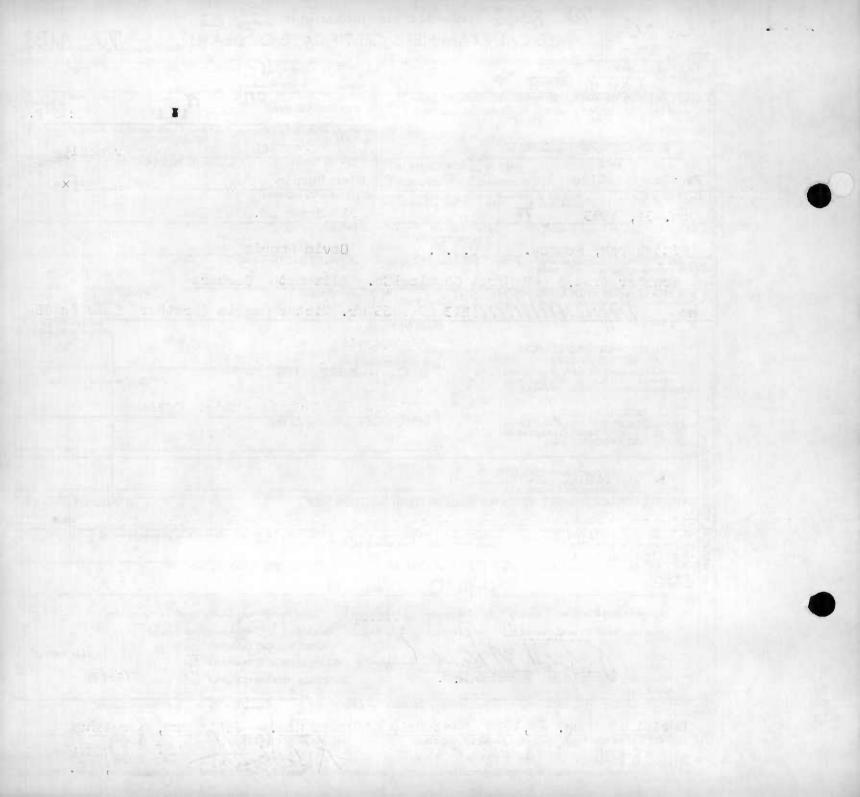
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DIRECTOR:

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If Under 24 Hrs.



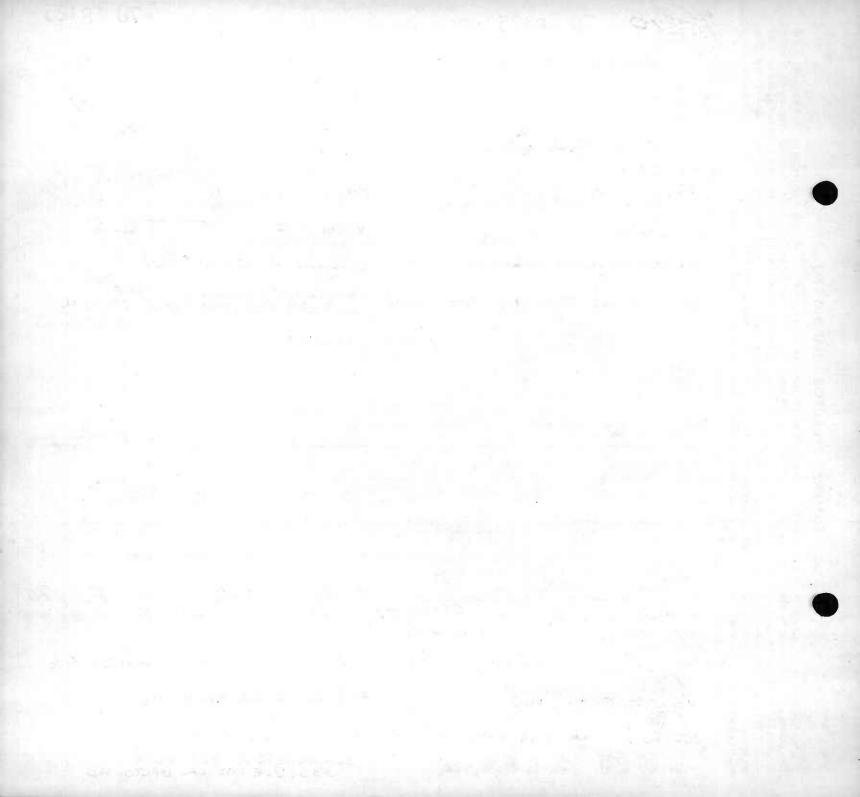
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DIRECTOR:

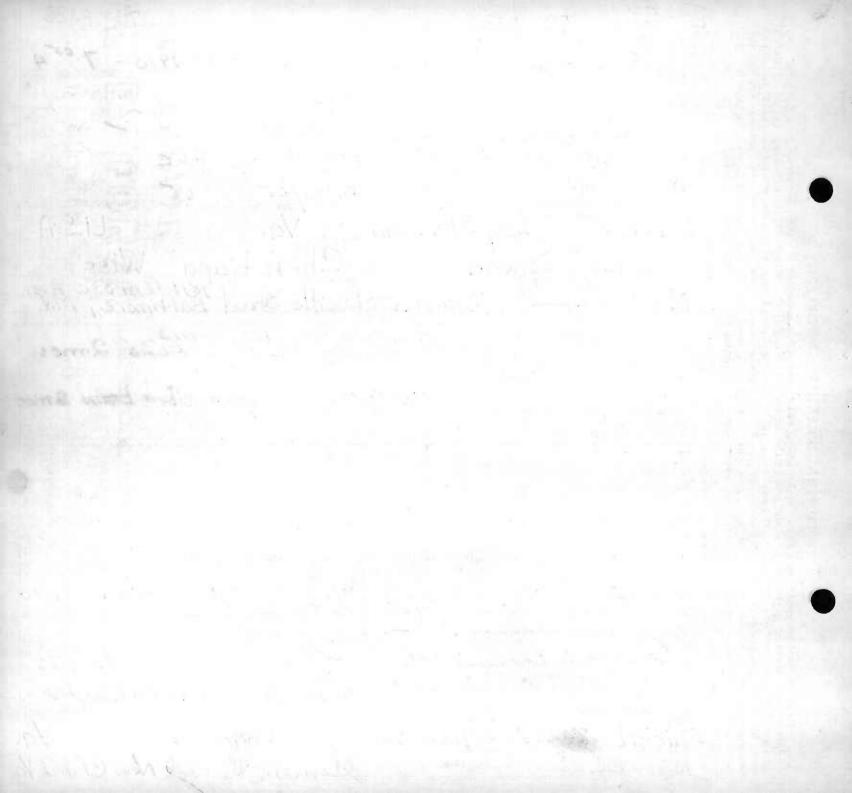
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Moster Gar Parla The state of the same No WILLIAM Burn't day the Holy and the Sight for the good for the sight of the said th

11	10			BALTIMORE CIT	Y HEALTH DEPARTMENT		70 842	5
H2	45	70 8	3425	CERTIFICA	ATE OF DEATH	REG. NO	10 842	
NAME OF	DECEASED	2	210.	7.5.		ID HOUR OF DEATH	24	. 6
//	CHAR	LES E.	HAL	ZELWOOD		21, 1970	3.0	00
. PLACE IN	BALTIMORE,	MARYLAND, W	HERE PRON	OUNCED DEAD	4. USUAL RESIDENCE (Whe		nstitution: residence befare	admiss
ULL NAMI	E OF (IF	NOT IN HOSPITA	AL OR INST	ITUTION, GIVE STREET	MD.		841	
NSTITUTION	4	CLIFT			C. CITY OR TOWN BALTIMORE		IDE CITY LIMITS?	1
10					E. STREET AND NUMBER		YES NO	
	BHLTC	MD.	2121.	3	3239 CLIFTA	DONT AVE		
SEX	6. RACE		7. MARRIEI	D NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Und	ler 24
M		W	WIDOWE	= =	MAY 28, 1899	last birthday)	Months Doys Hours	Mir
			10B. KIND	OF BUSINESS OR INDUSTRY	1 11. BIRTHPLACE (State or fore	gn country)	12. CITIZEN OF WHAT	COUN
	TECH,	fe, even if retired)			VIRGINIA		U. 5.A.	
FATHER'S					14. MOTHER'S MAIDEN NA	ME		
		YNOLD H		2000	WILLISSA A.	RICHARDS	No.	
es, na or un	eased Ever in known) (If yes,	U. S. Armed Fore	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	27.000	ADDRESS	
YES	WW	. 10.		218-07-2398	CATHERINE HA	FIMOUT AL	JE, BALTO MD	
1B. //	10.1			CAUSE OF DEAT		1	APPROXIMATE BETWEEN ONSET	INTERV
		which caused DENT CAUSES ADITIONS, if		(B)	S A CONSEQUENCE OF:	<i>V</i>		
DISEAS	ES OR CON	DENT CAUSES NDITIONS, if e cause (A) DITION last.	any, givin	(B)	S A CONSEQUENCE OF:	<i>V</i>		
DISEAS rise la UNDER	ES OR CON The abave LYING CONE IGNIFICANT C DEATH BUT N	DENT CAUSES  NDITIONS, if (a) cause (A)	any, givin slaling Ih NTRIBUTINC HE TERMINAI	(C)	S A CONSEQUENCE OF:	<i>V</i>		
DISEAS  rise lo UNDER  OTHERS TO THE DISEASE U19A.DA	ES OR CON  The abave  LYING CONE  IGNIFICANT C  DEATH BUT N  OR CONDITIO	DENT CAUSES  NDITIONS, if cause (A) DITION last.  I ONDITIONS COI OTRELATED TO THE	any, givin stating th  NTRIBUTING HE TERMINAL 1 1 (A). DITION FOR	(C)	S A CONSEQUENCE OF:  20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?	
DISEAS rise lo UNDER OTHERS TO THE DISEASE 19 A. DA	ES OR CON 1 THE OBOVE LYING CONE IGNIFICANT C DEATH BUT N OR CONDITION TE OF OPERAT	DENT CAUSES  NOTIONS, if e cause (A)  DITION last.  II  ONDITIONS COLO OTRELATED TO THE COLO OTRELATED TO THE COLO WAS PERF	any, givin slaling Ih  NTRIBUTINC HE TERMINAI T 1 (A). DITION FOR FORMED	(C)			FINDINGS CONSIDERED USES OF DEATH? re City, give exact location)	
DISEAS rise lo UNDER OTHERS TO THE DISEASE 19 A. DA 21 A. AC OR CON DEATH	ES OR CON  I the abave LYING CONE  IGNIFICANT C DEATH BUT N OR CONDITIO TE OF OPERAT  CIDENT WAS ATRIBUTING (notify medical	DENT CAUSES  NOTIONS, if e cause (A)  DITION last.  II  ONDITIONS COLO OTRELATED TO THE COLO OTRELATED TO THE COLO WAS PERF	any, givin slating the state of	(C)	20 A. AUTOPSY? (Yes or No	(If in Baltimo		
DISEAS rise lo UNDER  OTHER S TO THE DISEASE 19 A. DA  21 A. AC OR CON DEATH	ES OR CON  I the abave LYING CONE  IGNIFICANT C DEATH BUT N OR CONDITIO TE OF OPERAT  CIDENT WAS ATRIBUTING (notify medical	DENT CAUSES  NDITIONS, if e cause (A) DITION last.  II ONDITIONS COI OT RELATED TO THE MELATED T	any, givin slaling Ih  NTRIBUTINCHE TERMINAL T 1 (A). DITION FOR ORMED  (Hour) 21	(C)	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Baltimo		
DISEAS rise lo UNDER  OTHER S TO THE DISEASE 19 A. DA  21 A. AC OR CON DEATH  OF INJU (APPROX	ES OR CON  I the abave LYING CONE  IGNIFICANT C DEATH BUT N OR CONDITIO TE OF OPERAT  CIDENT WAS ATRIBUTING (notify medical AE (Month) ARY (C)	DENT CAUSES  NDITIONS, if e cause (A) DITION last.  II ONDITIONS COI OUT RELAIED TO THE N GIVEN IN PAR TION 198. CON WAS PERF UNDERLYING CAUSE OF examiner) (Doy) (Yeor)	any, givin slaling Ih  NTRIBUTING HE TERMINAL T 1 (A). DITION FORMED  (Hour) 21	C (C)	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Baltimo		9 70
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Attending Med. Director Phys. Stoff Phys. 23C. PHYSICIAN'S NAME (Type)  23C. PHYSICIAN'S NAME (Type)  23D. ADDRESS  23D. ADDRESS  24A. BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY or CREMATORY  24D. LOCATION (City, town, or county)  25A. DATE REC'D BY HEALTH CEPT. 25B. NAME OF REGISTRAR  25C. AUNERAL DIRECTOR  Address  Address  Address		
23C. PHYSICIAN'S NAME (Type)  23D. ADDRESS  23D. ADDRESS  24A. BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY OF CREMATORY  24D. LOCATION  (City, town, or county)  25A. DATE REC'D BY HEALTH CLPT. 25B. NAME OF REGISTRAR  25C. AUNERAL DIRECTOR  ADDRESS		Reduced 1- Tago, a help Attending of Med. Shoff Staff
NAME (Type)  DEGREE  GOOD PARK HTS A BULLLUOKE  24A. BURIAL CREMATION, 24B. DATE  PARK HTS A BULLLUOKE  24C. NAME of CEMETERY or CREMATORY  DOODCOCK  25A. DATE REC'D BY HEALTH CLPT.   25B. NAME OF REGISTRAR   25C. AUNERAL DIRECTOR   ADDRESS		DEGREE Phys. Director Phys.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county)  S-23-70 JOYNES Con.  25A. DATE REC'D BY HEALTH CLPT.   25B. NAME OF REGISTRAR   25C. FUNERAL DIRECTOR   ADDRESS		723 C. PHYSICIAN'S 23D. ADDRESS
Burio 8-23-70 Joynes Com.  25A. DATE REC'D BY HEALTH CLPT.   25B. NAME OF REGISTRAR   25C. AUNERAL DIRECTOR ADDRESS		NAME (Type)
AUG 25 1970 Pales E. Jaben, M.D. 256. NAME OF REGISTRAR STATE Same & New Chur	24.	NAME (Type)  DEGREE 6000 PARK HIS AT BURLLINGH
AUG 25 1970 16 Bent E. Jaken M.D. Warre Warran New Chur	24.	NAME (Type)  DEGREE 6000 PARK HIS A BULLIANDE OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county)
		NAME (Type)  AA. BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY OF CREMATORY  DOUGLESS.  DOUGLESS.  DOUGLESS.  DOUGLESS.  ADDRESS.  ADDRESS.



	acement for Damaged Certifica BASTIMORE CITY HE	
C-616	BIRTH NO. Warcester ex	2. DATE Known & Month Day Year Hour
	(Type or Print) ANGELA CROPPER	OF DEATH Estimated August 19, 1970 4:25 P.M.
	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION	August 19, 1970  August 19, 1970  A:25 P. M.
	Johns Hopkins Hospital	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  A. STATE  B. COUNTY
	6. SEX 7. RACE B. MARRIED NEVER MARRIED	Maryland WORCESTER / S. CITY OR TOWN D. INSIDE CITY LIMITS?
	Female Negro WIDOWED DIVORCED	Pocomoke YES NO X
	9. DATE OF BIRTH 10. AGE (In years Months a Day Hours Min.	Rt #2, Box 167 A2
	11. BIRTHS ACE State or Ipreign country) 12. CITIZEN OF WHAT GOUNTRY?	OSCAR Cropper Jr.
	14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	15. MOTHER'S MAIDEN NAME
	16. WAS DECEASED EVER IN U.S. ARMED FORCES?   17. SOCIAL SEGURITY NO.	18. INFORMANT — ADDRESS   MI
	19. CAUSE OF DEA	14 Uscar Cropper, Jr. Pocomoke IId
	DISEASE OR CONDITION DIRECTLY Grand mal	L seizures with hypocalcemia and
	(A)IMMEDIATE C	AUSE hyperphopphatemia AS A CONSEQUENCE OF:
	ANTECEDENT CAUSES (p)	
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	AS A CONSEQUENCE OF:
	(c)	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OTHER DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	
	22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. 22B. PLACE OF INJURY (e.g., home, form, foctory, street, office	in or about 22C. WHERE DID (if in Baltimore City, give exact location)
	UTING ☐ CAUSE OF DEATH.  2 22D. TIME (Month) (Day) (Year) (Hour) 22E.INJURY OCCURRED. OF INJURY (APPROX.) WHILE AT NOT	22F. HOW DID INJURY OCCUR?
	23.	ORK L
	resulted from: Natural causes Accident Suicid	opsy and that on this basis, death in my opinion  Homicide Undetermined monner
	ACTUAL Charles 3	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
	EXAMINER'S Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER August 21, 1970
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY (REMOVAL (Specify)	or CREMATORY 24D. JOSATION (City, tawn, ar caunty) (State)
	252. DATE REC'D BY HEALTH DEPT.   258. NAME OF REGISTRAR	S Cam. tocomoke War, Md.
	AUG 25 1970 Pober E. Farber, M.D.	Daniel Land New Church le
	VS 151-REV. 1/1/68	

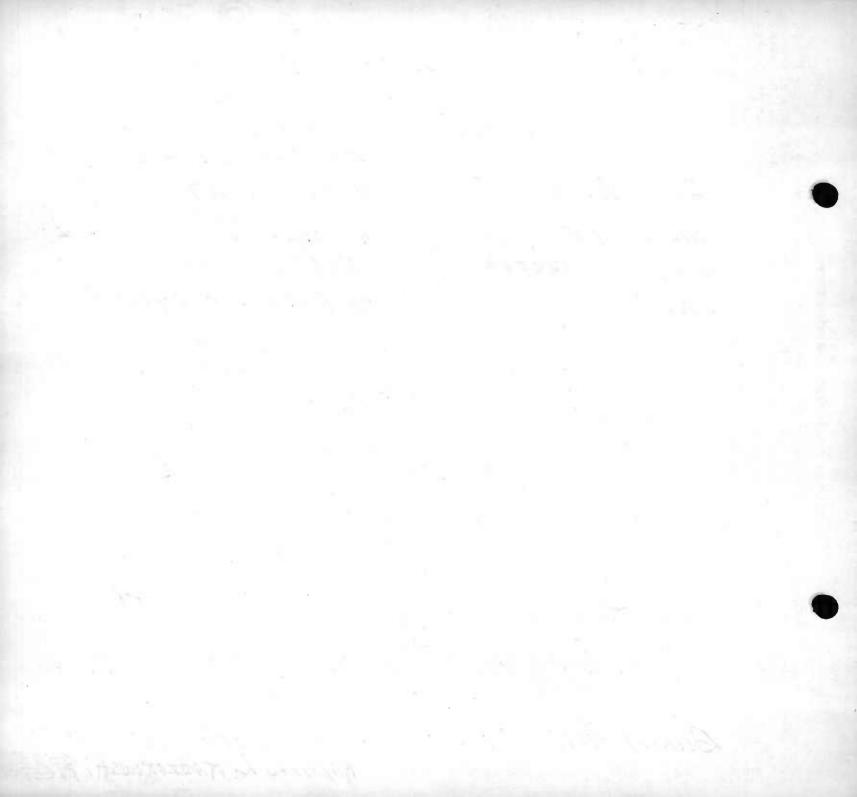
The Carrier Grouper In

VS 150-REV. 1/1/68



Rumet Locuty Bustimuschler & Bellinist Louise

_	7	BALTIMORE CIT	Y HEALTH DEPARTMENT		10.00	
	70 846	CERTIFICA	TE OF DEATH	REG. NO.	70	8430
	Pe ar Print) - / 7 A A FTH	H. Sup1	en Aug	HOUR OF DEATH	3 70	
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Where A. STATE B. COUNTY	deceased lived. If inst	itulion: resider	M. nce before admission)
Ho	LL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	MARYLAI C. CITX OR TOWN	V.D. INSID	E CITY LIMITS	,03
1	2405 Fos	TER AVE	BALTIMIR		YES 🖁	NO 🗌
			2405 Fos	TER A.	VE.	
5. :	6. RACE 7. MAR WIDO	NEVER MARRIED DIVORCED	7-29-1921	AGE (In years st birthday)	If Under 1 Yo Months Doys	the Under 24 Hrs. Min.
	. USUAL OCCUPATION (Give kind af wark 10B, KIN e during most of working life, even if retired)		11. BIRTHPLACE (State or fareign	caunitry)		OF WHAT COUNTRY?
	HOUSEWIFE		MARYLAN.	D	U	S. A.
13.	LOPOH RATATOZA	K	14. MOTHER'S MAIDEN NAMI	Socks		
	Was Deceased Ever in U. S. Armed Faices? s,no or unknawn) (If yes, give wor ar dates of serv	1 6. SOCIAL ice) SECURITY NO.	17. INFORMANT			DRESS
	NO	SECONIII NO.	MR. PAUL Sup	oko 24	05 1	OSTER AVE
	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEA	TH (	)		PROXIMATE INTERVAL
	LEADING TO DEATH	(A) IMMEDIATE CA	(Villa)ma 17	neasy	X	141
	(This does not mean the mode of dying, heart failure, osthenio, etc. It means the dist injury or complication which caused death.)	e.g., DUE TO OR AS	A CONSEQUENCE OF:	A:	7	
	ANTECEDENT CAUSES	130	ne Helas	vans	(	
	DISEASES OR CONDITIONS, if any, gi	3	A CONSEQUENCE OF:			
	UNDERLYING CONDITION last.	(c)				9 9 9 11 9 9 11 11 11 11 11 11 11 11 11
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A).		mia 20 f	OATB	>	
ERTIFIC/		FOR WHICH OPERATION		20B. IF YES, WERE FILL IN CERTIFYING CAUS		
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in at about 21C. WHERE DID INJURY OCCUR?	(If In Baltimare	City, glve exa	ct location)
MEDI	21 D. TIME (Manth) (Day) (Year) (Haur) OF INJURY	21E. INJURY OCCURRED While At Not Whi	21F. HOW DID INJUI	RY OCCUR?		
<	(APPROX)	Work At Work	H 2 19	0	itt	7
	22. I certify that (I) this hospital) oftend that (I) we) last saw the deceased alive	1. 1.	1920 and that	in (my) (our) opini	on death or	Curred on the date
	ond haur and fram the causes stated above		4	(out) optim	on deam oc	confed on the dole
	23A. SIGNATURE	A) An	ending Med. 5		23B. PATE SIG	GNED . 72
	23C. PHYSICIAN'S	CE LA LOEGREE PH	ys. Director P	haff nys.	0 -/-	3 - 70
	NAME (Type) NIZL	12				
24/	A. BURIAL CREMATION, 24B. DATE 24	NAME OF CEMETERY OF CE	EMATORY 24D. LOC	CATION (City	, tawn, ar cau	unly) (State)
1	DATE REC'D BY HEALTH DEPT. 125B, NA	ST. STANISK	AUS EM. BA	LTIMOR	E	MD.
23/	AUG 25 1970 Paber & Fall	ME OF REGISTRAR	25C FUNERAL DIRECTOR	KACZO	Rowst	2525 P
VS	150-REV. 1/1/68		11/11/01/01	1177 - 1-50		PACE 1 3

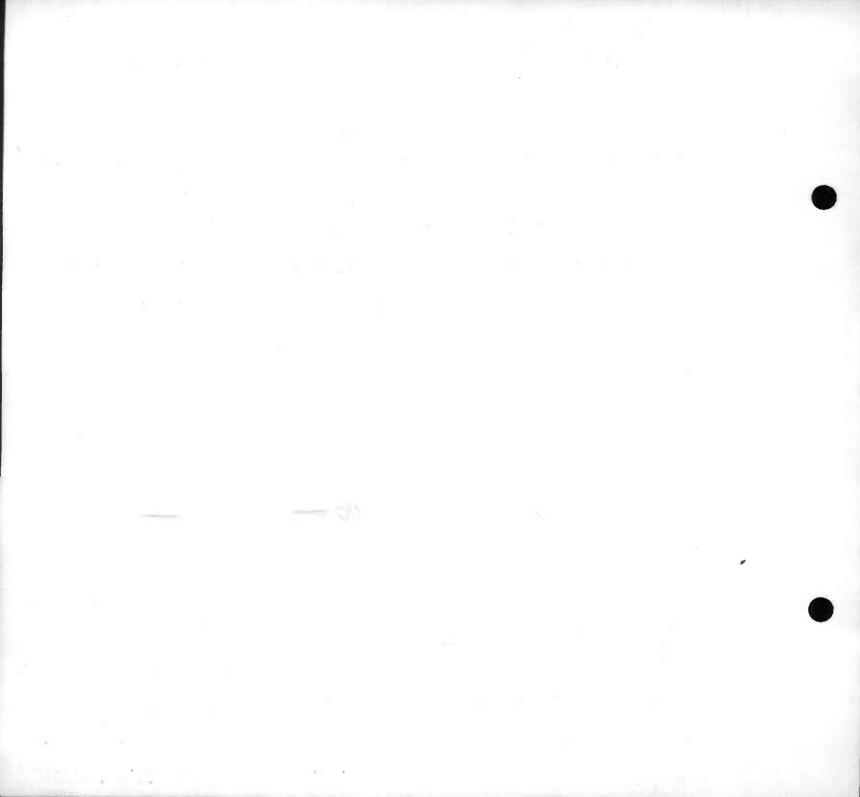


	בפסבם!	BIRTH NO. 70 8431 CERTIFICATE OF DEATH REG. NO. 70 8431
	and eath ased the Such	I. NAME OF DECEASED
	-000	WILLIAM, SHRIVER, SR. Quaust 231970 315/2.
	hospita ise of (5) Dec ance o death.	4. USUAL RESIDENCE (Whole deceased lived, if institution: residence belose admission a STATE B. COUNTY
	J 73	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)  INSTITUTION  C. CITY OR TOWN,  I DE INSIDE CITY LIMITED  C. CITY OR TOWN,
	SIS	Baltimore, Nd Pissone No 13/
	d cat	Lutheran Hospital of Md. E. STREET AND NUMBER
	ribut ribut nined ular ular ed p	5 SEY KARCE IS NOW IN THE RESTORMENT OF THE REST
	ntr rm rm egu	Mole Collection winowers Divorces Divor
	co lete in r	10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stoto or foreign country)  12. CITIZEN OF WHAT COUNTRY
	or Ond Und	SELF-EMPLOYED - RETIREDALTY BALTIMORE, Md. CH.S.A.
_	warhe	To MOTHER'S MAIDEN NAME
Z	stant ind; ind; eath e on al dia	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT
<b>ETA</b>	-= Y TO U E	SECURITY NO.
OR	if t any ced ced ndan or fi	18. 4 1 CAUSE OF DEATH APPROXIMATE INTERVAL
MP	den den	DISEASE OR CONDITION DIRECTLY
_	ure o	LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, ostheria, otc. It means the disease,
OR	ner. actu pro ular mba	injury ar camplication which coused death.
Ç	E P P P P P P P P P P P P P P P P P P P	ANTECEDENT CAUSES  (B) Mennama  (B)
RE	exa (3) A n w in r	DISEASES OR CONDITIONS, it ony, giving rise to the above cause (At stoling the UNDERLYING CONDITION last.
0	ical 18; icia as ain	11 (c) the hear a + hear to your
AL	med burr burr hysi n w rem	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL ODISEASE OR CONDITION GIVEN IN PART 1 (A)
2	dy dy licia	OISEASE OR CONDITION GIVEN IN PART 1 (A).  U 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES WEST SUDDING CONSIDERS.
Z	Bo Bo	WAS PERFORMED
II.	tal by tal by s; (2) here No ph	U 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (o.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?
	7 10 7 10	O 21D THAS (Alach) (Dod (Yel (II)
	hosp natu ept d (6)	(APPROX.) While At   Not While
	pproved by the hosp any natural (except w and (6) ; and (6)	22. I certify that (I) (this haspital) attended the descend for 8 - 1 / 2 / 2 - 2 / 2 - 2 / 2 / 2 / 2 / 2 / 2
	0000	that (1) (we) lost sow the deceased alive on 3 0 M 2 2 3 19 70 and that in (my) (our) collaboration death assured as the last
	ust be a sased to dent of ospital death) must be	ond hour and from the couses store above. (1) (We) (did) (did not) view the body ofter death.
	S O O E	23B, DATE SIGNED
	9 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	23C. PHYSICIAN D. DEGREE Phys. Director Phys. Stoff Ph
	was An An prio	
	F-0 0 0 -	Nashr SAGHAF M.D. Lutheran Hero, of MC.  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, b) county) (Stotel
	This cert the body shows: ( was D.O decease written	Burial \$/25/70 St. John's Westminster, Md.
	This the bashow was dece	AUG 25 1970 Robert E Jalle M. H. W. Jenkins & Sons Co. 4905 York Ro
	1	VS 150-REV. 1/1/68  Balto. Md. 21212

Properties Friday + Harrison

Name SAEHAF 1, MO Lotheron Hosp. of .10

		BALTIMORE CITY HEALTH DEPARTMENT 70 8432
	Perse.	BIRTH NO. 636 70 8432 CERTIFICATE OF DEATH REG. NO. 8432
	of death of death Deceased e on the	1. NAME OF DECEASED DORA F. CARTER 2. DATE AND HOUR OF DEATH AUGUST 22, 1970 5:00 PM.
	2 0 2	3. PLACE IN BALTIMORE, MARYLAND. WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived. II institution: rosidence below odmission)  A. STATE  B. COUNTY
	S) e le le le le le le le le le le le le l	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET MARYLAND BALTIMORE
		INSTITUTION D. INSIDE CITY LIMITS?
	l in a cause; cause; attendior to	CHURCH HOME AND HOSPITAL BALTIMORE YES NO
	utin ed c ar a	BALTIMORE, MD. 21231 100 N. BROADWAY 301
	5.2.5.500	FEMALE WHITE WIDOWED DIVORCED 8/6/1880   SI birthdoy 90 Months Doy's Hours Min.
	death occi or controundetermias in regue e decease	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BRTHPLACE (Stole or foreign country)  done during most of working life, even if relired)  SECRETARY LIFE INS. CO.  12. CITIZEN OF WHAT COUNTRY?  CO.
_	rect or c (4) Undet was in the decision	13. FATHER'S NAME THOMAS CARTER GEORGEANNA SMITH
ANT	E 5 # E 5	15. Was Deceased Ever in U. S. Armed Forces?  (Yes, no or unknown) (If yes, give wor at doles of service)  16. SOCIAL  SECURITY NO.
RT	SS: The definition of the second	
IMPORT	i de la la la la la la la la la la la la la	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (A) IMMEDIATE CAUSE  CAUSE OF DEATH  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  (A) IMMEDIATE CAUSE
=	Also Also Ire of anoun	Clais does not meen the made at dying, e.g., DUETO OR AS A CONSEQUENCE OF
R:	ner. actu pro lar nba	heoil failure, astheria, etc. Il means the disease, injury ar complication which coused death.)
CTO	fra fra ho egu	ANIECEDENI CAUSES
DIREC	exa exa (3) A n w in r	DISEASES OR CONDITIONS, il ony, giving  rise to the above cause (A) stating the UNDERLYING CONDITION lost.  (8)  DUE TO, OR AS A CONSEQUENCE OF:  (C)
5	dicaficafrins; sicia	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
A	bed bed hy:	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL
FUNERA	dy dy he icie	Condition Given in Part 1 (a).   19A-DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   20A-AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
S	A - 50	TE DECUBINGS ALCER NOTES
T.	tal before	21A. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DEATH (notify medical examiner)   21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, farm, factory, street, affice bidg., INJURY OCCUR?
	Q = \$ = D	21D.TIME (Month) (Doy) (Ycor) (Hour 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	roved ne hos y natu xcept ind (6)	(APPROX.) Work At Work
	0 T E 0 0 0	22. I certify that (I) (this hospital) attended the deceased from AUSUST 2/ 19 70 to AUSUST 22 19 70 that (I) (we) lost sow the deceased alive on AUS. 22 19 70 and that in (my) (our) pointen death occurred on the date
	하는 그 등 수 교	
	sased to dent of ospital death) must be	ond hour and from the courses stated obove. (1) (We) (did) (dld not) view the body ofter death.  23A. SIGNATURE
	5 9 5 6 6	Garlel - 106 De proper Phys. Director Phys. A 46. 22 1970
		23C. PHYRICIAN'S NAME (Type)  23D. ADDRESS
	certificat sody was vs. (1) An D.O.A. al assed pric	CANCELLO C. MOCKA MOS DECREE
	T-006-	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) MD. (Stote)  Burial 8/25/70 Woodlawn Baltimore County, Md.
	the body shows: () was D.O deceased	
	されるメウメ	AUG 25 1970 Robert & Jacker M.D.  256. FUNERAL DIRECTOR H. W. Jenkins & Sons Co. 4905 York Balto., Md. 21212
	100	VS 150-REV. 1/1/68



	19.	CAUSE OF DEATH	APPROXIMATE INTER
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Arteriosclerotic cardiovascular disea	se
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. it means the disease, injury ar camplication which caused deoth.)	DUE TO, OR AS A CONSEQUENCE OF:	
	ANTECEDENT CAUSES	(B)	
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO, OR AS A CONSEQUENCE OF:	
NO	UNDERLING CONDINON LASI.	(c)	
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
	20A. DATE OF OPERATION 20B. CONDITION FOR WI	HICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or N
EDICAL	22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	CE OF INJURY (e.g., in ar obout 22C. WHERE DID (If in Baltimore City, give INJURY OCCUR?	exact location)
Σ	(APPROX.) WHI	INJURY OCCURRED 22F. HOW DID INJURY OCCUR?  LE AT ONOT WHILE AT WORK	
		nspection Autopsy and that on this basis, death in a sident Suicide Homicide Undetermined manner	
	SIGNATURE The Malah	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
	NAME (Type) Isidore Mihalaki	ASSOCIATE MEDICAL EXAMINER	8-22-70

24C. NAME of CEMETERY or CREMATORY

Greenmount

25B. NAME OF REGISTRAR

E. Jabon M.D.

24D. LOCATION

25C. FUNERAL DIRECTOR

Baltimore

(City, lown, or county)

W. Jenkins & Sons Co. 4905 York Ro

ADDRESS

(State)

Md.

Balto .. Md . 21212

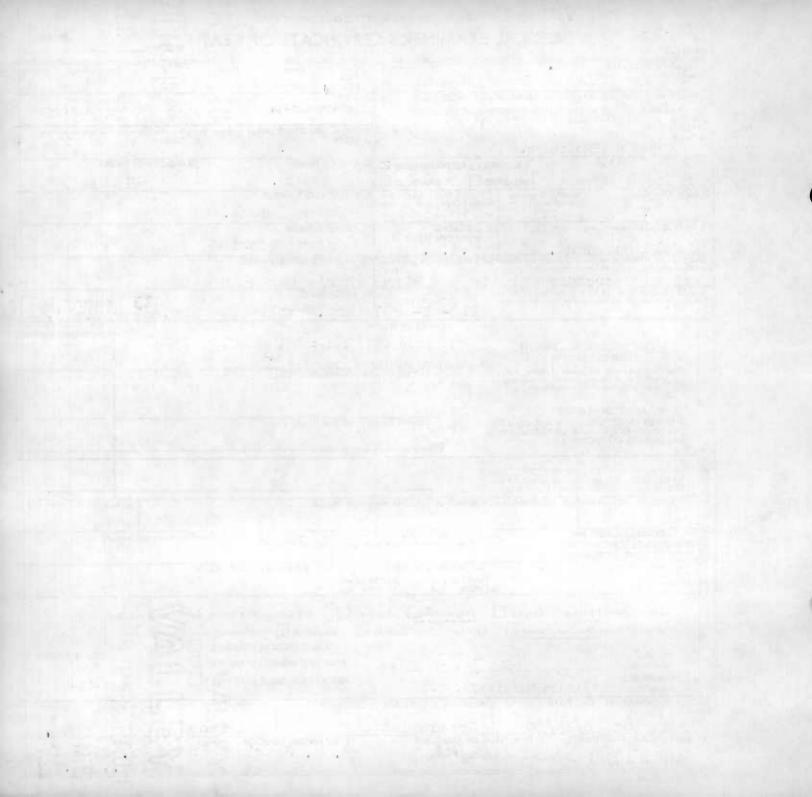
24A. BURIAL CREMATION.

25A. DATE REC'D BY HEALTH DEPT.

REMOVAL (Specify)
Cremation

VS 151-REV. 1/1/68

24B, DATE



70 8434 BALTIMORE CITY HE	
1660 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 70 8434
I. NAME OF DECEASED (Type or Print)	2. DATE Known Month Doy Year Hour
HENRY PRIOR	OF DEATH Estimoted . M.
FUITAR O THE ROUN CONTAL ON NEW TON ONES HET D	PRONOUNCED DEAD 8 21 1970 1:30 P M.
2029 Frederick Ave.	S. USUAL RESIDENCE (Where deceosed lived, if institution: residence before admission)  A. STATE  Md.
	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male White WIDOWED DIVORCED	Balto. YES NO 🗆
9. DATE OF BIRTH 10/26/1908 10.AGE (In years   Funder 1 Yr. II Under 24 Hrs.   Months   Doys   Hours   Min.	2029 Frederick Ave.
Baltimore, Md.  12. CITIZEN OF WHAT COUNTRY? U.S.A.	13. FATHER'S NAME
I 4A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	Bernhard C. E. Prior
Student . Upholstery School	Lillian E. Timmerman
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service)  17. SOCIAL SECURITY NO.	18. INFORMANT 1909 Wadsworth Way
Yes   WWII 705-12-5468	Mrs. Harris E. Schnappinger 21214
19. 4 / CAUSE OF DEA	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Arterioscle	rotic cardiovascular disease
/AIMMEDIATE	AUSE AS A CONSEQUENCE OF:
(This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. it means the disease, injury or complication which coused death.)	
ANTECEDENT CAUSES 604	
II I	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S PERFORMED 21. AUTOPSY? (Yes or No)
	no
UNDERLYING OR CONTRIB-	In or obout 22C. WHERE DID (If in Baltimore City, give exact location) bldg., etc.) INJURY OCCUR?
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED.	22F. HOW DID INJURY OCCUR?
m. WORK AT W	WHILE ORK
23. 1 certify that I held an Inquiry Inspection Aut	copsy and that on this basis, death in my opinion
resulted from: Natural causes XX Accident Suicid	e Homicide Undetermined manner
ACTUAL DE L. L. Bag	CHIEF MEDICAL EXAMINER
ACTUAL SIGNATURE M.D.	ASSISTANT MEDICAL EXAMINER TO DATE SIGNED
EXAMINER'S Isidore Mihalakis, M.D.	ASSOCIATE MEDICAL EXAMINER   8-22-70
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial 8/25/70 Lorraine Pa	120.2
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	
AUG 25 1970 Robert & Farber, M.D.	H. W. Jenkins & Sons Co. 4905 York F

V.S. 153 and Letter from Deceased's sister 9-8-70 M.H.

FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT	0.5						
70 8435 CERTIFICATE OF DEATH REG. NO	0 8435						
1. NAME OF DECEASED  1. NAME OF DECEASED  2. DATE AND HOUR OF DEATH  1. Type or Print)							
LEWIS Elisha Presberry 8-22-70	1250Pm.						
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived. If institution and an arrangement of the state of	on: residence before admission)						
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	11/14						
D. INSIDE C							
E. STREET AND NUMBER	NO L						
KEY CIRCLE HOSPICE H228 EVENS Chroel	Rd						
5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF SIRTH 9. AGE (in yeors 11 the lest birthday) Mor	Under 1 Yr. Il Under 24 Hrs.						
M   C   WIDOWED   DIVORCED   5-21-1898   72							
done during mast of working life, even if retired)	CITIZEN OF WHAT COUNTRY?						
Mechanic Herring Jeep DARRINGTON MD	USA						
3. FATHER'S NAME							
HAZZARD PRESDERRY SARAH SPRIGGS							
15. Wes Deceased Ever in U. S. Armed Farces?  Yes, no or unknown) (If yes, give wor or dates of service)  16. SOCIAL SECURITY NO.	ADDRESS H228 EUENS						
NO 217-07-7912 ISAbelle PKESDERRY	CHAPEL Rd.						
18. / 9 5 0 1 CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Landa						
(This does not mean the made of dying, e.g.,  (A) IMMEDIATE CAUSE  DUE TO, OR AS A CONSEQUENCE OF:	1,000						
heart feilure, asthenio, etc. It means the disease, injury ar complication which caused death.)	20						
ANTECEDENT CAUSES  (B) CA WILLIAM AND WALL							
DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF:							
rise to the above cause (A) stoling the UNDERLYING CONDITION last. (C)							
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING F TO THE DEATH BUT NOT RELATED TO THE TERMINAL	Bel						
ODSEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDING.	NGC CONSIDERED						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  20A. AUTOPSYZ (Yes or No.) 20B. IF YES, WERE FINDING CAUSES  21A. ACCIDENT WAS UNDERLYING 1 121B. PLACE OF INTURY (e.g., in or obout 21C, where DID.	OF DEATH?						
OP CONTRIBUTING CALLES OF	, give exact lacotion)						
DEATH (notify medical examiner)	4						
21D. TIME (Menth) (Day) (Yeet) (Heut) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?							
Wesk At Work L							
22. I certify that (1) (this hospital) attended the deceased from 15 WM 19/0 to 9 2 Ming 19/0							
that (1) (we) last saw the deceased alive on 7 / Aug 19 ond that in (my) (our) opinion deoth occurred on the dote							
and have and from the causes stoted above. (1) (We) (did) (did not) view the body ofter death.							
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	DATE SIGNED						
DEGREE Phys. L. Director L. Phys. C.							
NAME (Type) (HI) IA M.D. 23D. ADDRESS	23C. PHYSICIAN'S NAME (Type) (HIIIA MD). 23D. ADDRESS						
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOGATION (City, tow	vn, or county) (State)						
Description of the control of the co							
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR	ADDRESS						
AUG 25 1970 Paber E. Harber M.D. NUTTER FUNERAL HOME 303	5 W. NORTH AVE						
(\$ 150-REV_ 1/1/68							

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

LUNCY'L DIC.

inc

IMPORTANT

FUNERAL DIRECTOR:

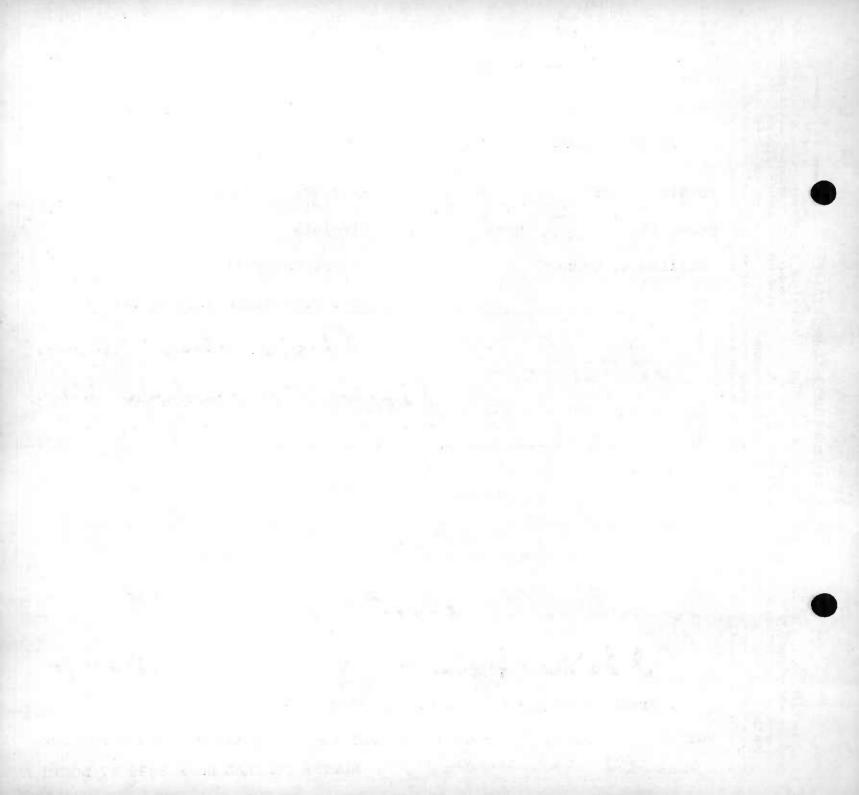
VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

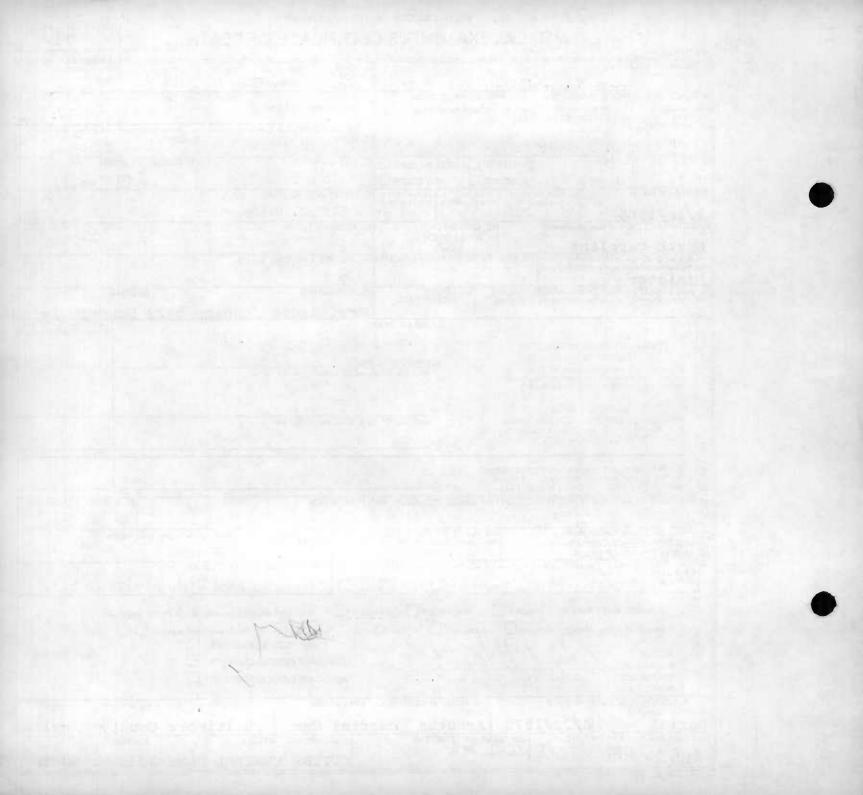
If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS Mrs. Ruth Blake 4016 Bonner Road APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exact location) and that in (my) (aur) apinion death accurred an the date 23B, DATE SIGNED (City, town, or county) Baltimore County Maryland NUTTER FUNERAL HOME 3035 W. NORTH AVE

before admission

NO



1 - 7/	ALTH DEPARTMENT						
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 70 8439						
BIRTH NO.	1						
1. NAME OF DECEASED (Type or Print)	2. DATE Known Month Day Year Hour						
OSCAR J. JOHNSON	DEATH Estimoled						
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD Month Doy Year Hour August 18,1970 12:00 P.						
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)						
1422 S. Hanover Street	A. STATE Maryland B. COUNTY 23/						
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?						
Male Negro WIDOWED DIVORCED	Baltimore VES NO D						
9. DATE OF BIRTH 10. AGE (In years   If Under 1 Yr. II Under 24 Hrs.	II IES LA INOLI						
	1422 S. Hanover Street						
1/16/1900 /0?   II. BIRTHPLACE (State or largin country)   12 CITIZEN OF							
	13. FATHER'S NAME						
North Carolina WHAT COUNTRY?							
IAA. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR' done during most of working life, even lifelired)	15. MOTHER'S MAIDEN NAME						
Minister	?						
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no er unknown) (II yes, give wor or dotes of service)  17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS						
No	Mrs Sadie Johnson 5422 Denmore Avenue						
19. CAUSE OF DEA	Mrs. Sadie Johnson 5422 Denmore Avenue						
Rlunt	force injury to head						
LEADING TO DEATH							
(This does not mean the made of dulog an	AUSE						
heart follure, osthenia, etc. it means the disease, Injury or complication which coused deoth.)	AS A CONSEQUENCE OF:						
index of completation which could decide,	Injury or complication which coused deoth.)						
ANTECEDENT CAUSES							
ANTECEDENT CAUSES (8)							
	AS A CONSEQUENCE OF:						
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	AS A CONSEQUENCE OF:						
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	AS A CONSEQUENCE OF:						
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	AS A CONSEQUENCE OF:						
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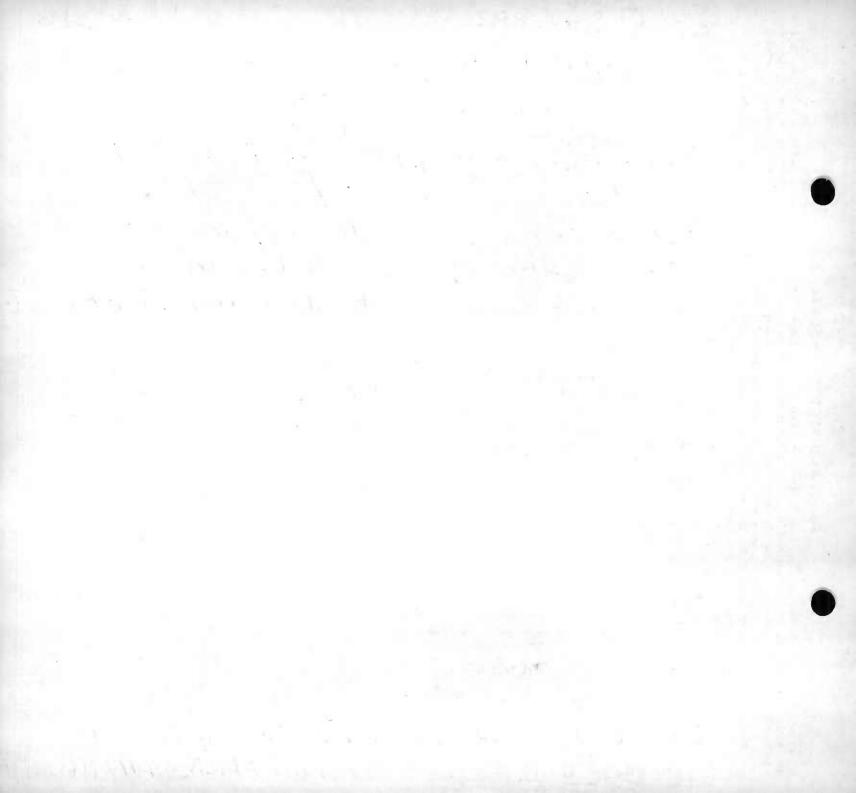
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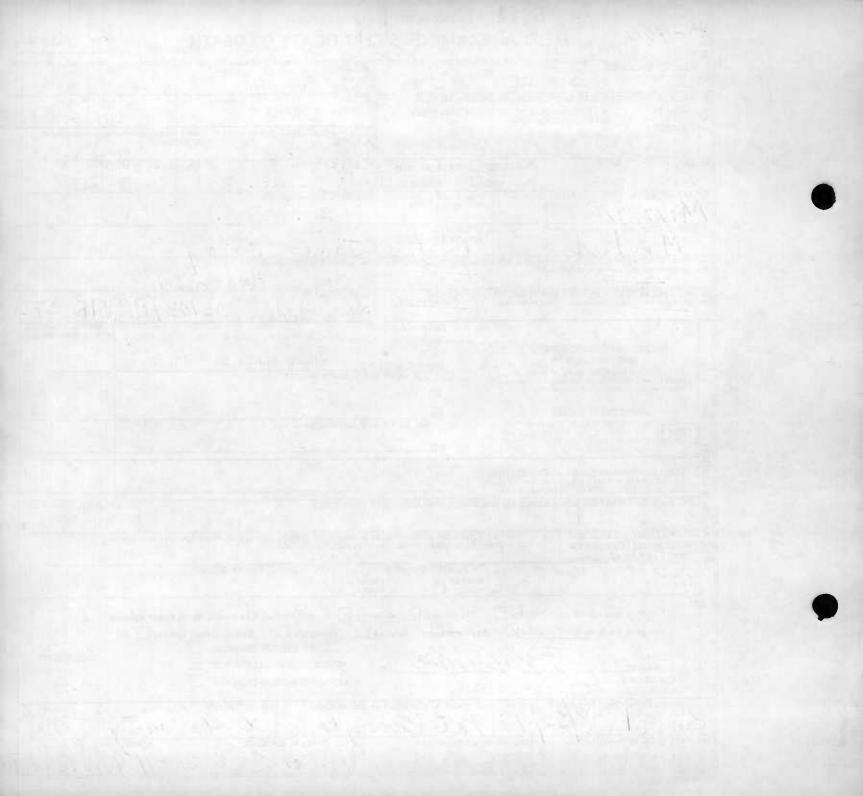
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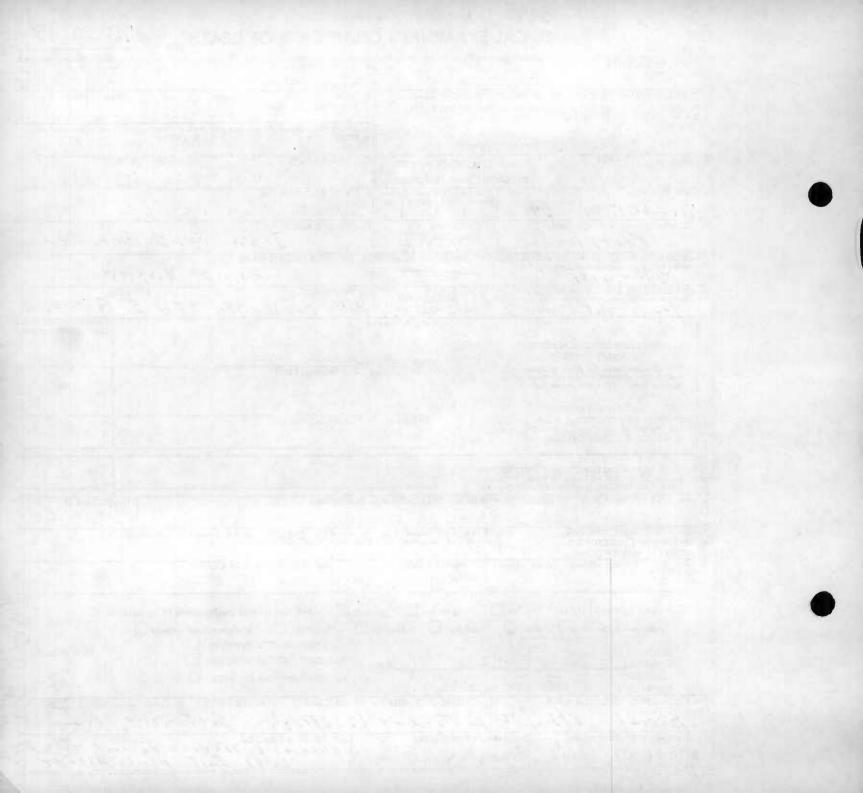
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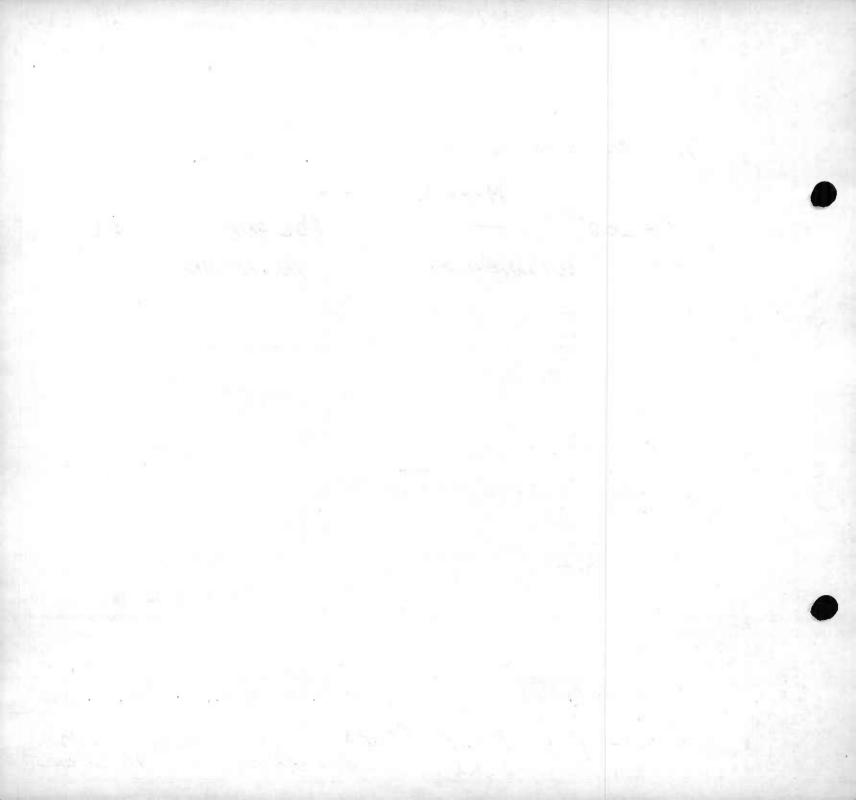
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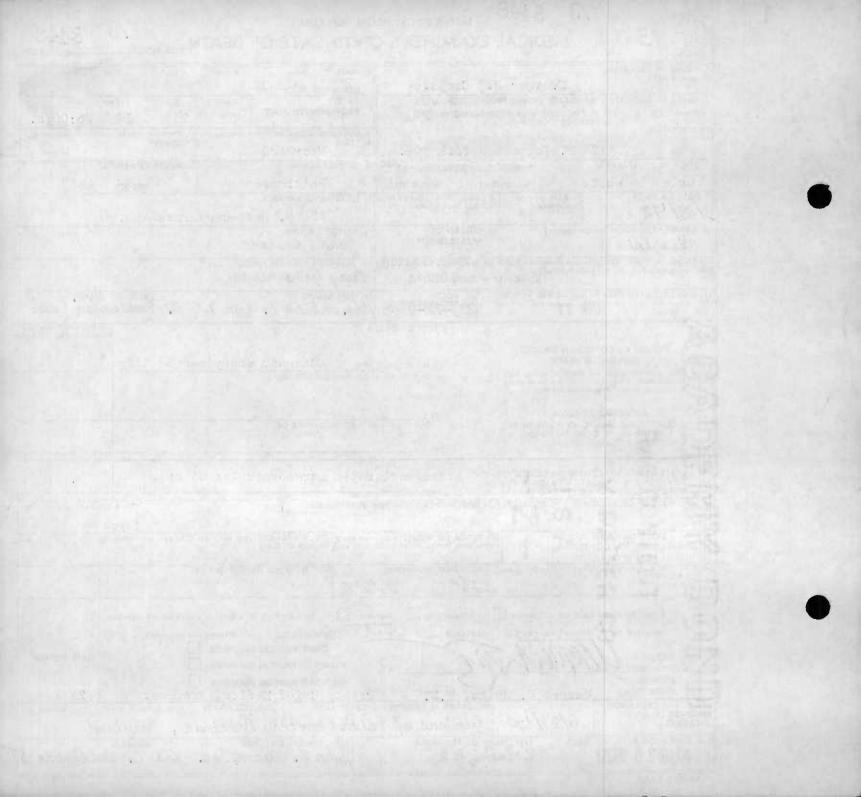
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	death occurred in a hospital and it or contributing cause of death Undetermined cause; (5) Deceased ras in regular attendance on the e deceased prior to death. Such ostition is made.
FUNERAL DIRECTOR: IMPORTANT	approved by the chief medical examiner or his assistant if death occurred in a hospital and to the hospital by a medical examiner. Also, if the direct or contributing cause of death of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased all (except where the physician who pronounced death was in regular attendance on the hi; and (6) No physician was in regular attendance on the deceased prior to death. Such be obtained before the remains are embalmed or final disposition is made.
NOT FUN	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

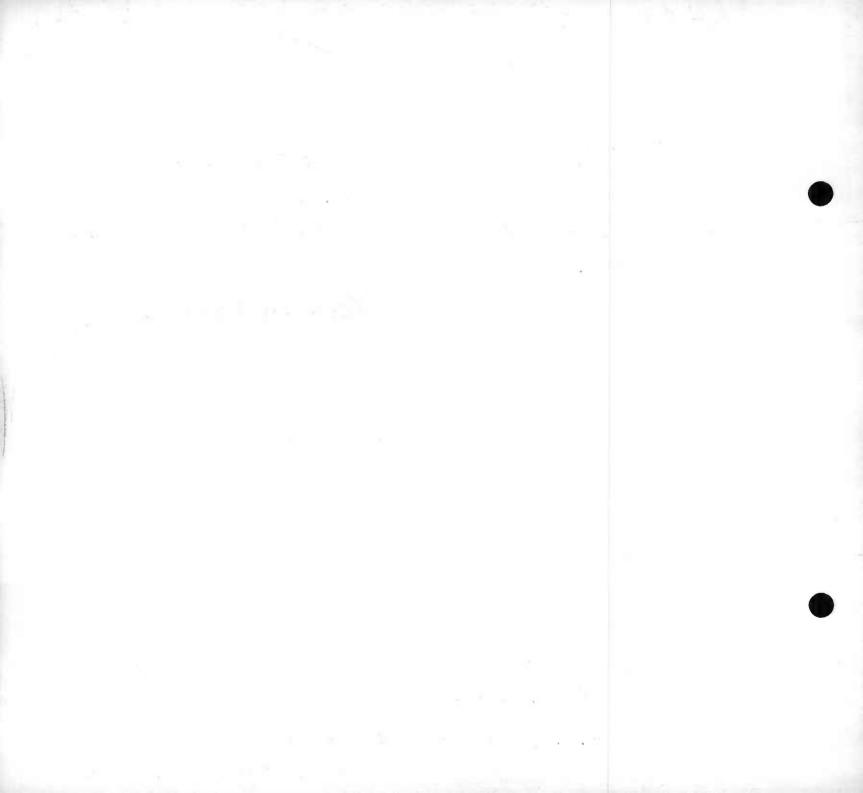
ype or Print)	Benjamin V		ci		t 24 . 1976		
FULL NAME OF (If not in hospital or institution, give street oddress or location)  INSTITUTION				August 24, 1970  4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission A. STATE  Maryland  C. CITY OR TOWN (If outside city limits, write RURAL and give township)  Baltimore  D. STREET ADDRESS (If rural, give location)  711 N. Lakewood Ave.			
711 N. LAKEWOOD							
M M	6. RACE	7. MARRIED, MIDOWED,	DIVORCED (appecify)	8. DATE OF SIRTH 4-17-94	ost birthdoy) 76	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.	
one during most	CUPATION (Give kind of work of working life, even if retired)	10B, KIND OF	BUSINESS OR INDUSTRY	POL AN	gn country)	12, CITIZEN OF WHAT COUNTRY?	
FATHERS N	w1	SNIEL	USKI	14, MOTHER'S MAIDEN NAM	YOUN		
, Was Deceas es, no or unkno	ed Ever in U. S. Armed For wn) (II yes, give wer or dete	es of service)	213-09-9550	ALFRED WIS	NIEWSKI	300 E PRAT	
	DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,			arcinoma of vocs	al cords	interval between onset and death  2 months	
heart failur	e, asthenia, etc. It meons amplicolian which coused	the disease, death.)	14	etestatio cerci	ame		
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Hour 6:00 a. 5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) NO L Patterson ank APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., heart loilure, osthenia, etc. It means the disease, DUE TO, OR AS A CONSEQUENCE OF: injury or complication which coused de oth.) **ANTECEDENT CAUSES** (B) DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (c). OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Arteriosclerotic cardiovascular disease TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). CERTI 20A. DATE OF OPERATION | 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) 22A. EXTERNAL CAUSE WAS 228. PLACE OF INJURY (e.g., in or about 22C. WHERE DID (It in Soltimore City, give exact location) home, form, foctory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy)
OF INJURY 22E.INJURY OCCURRED (Year) (Hour) 22F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE (APPROX.) WORK 23. I certify that I held an Inquiry Inspection Autapsy X and that an this basis, death in my opinion resulted from: Natural causes X Accident Suicide L Homicide \_\_\_ Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE M.D. **EXAMINER'S** ASSOCIATE MEDICAL EXAMINER NAME (Type) Deputy Chief Medical Examiner Werner U. Spi tz. M.D. 24A. BURIAL CREMATION. 24C. NAME of CEMETERY or CREMATORY 248. DATE 24D. LOCATION REMOVAL (Specify) Gandens of Faith Cemetery Bultimore, Maryland Durial 25A. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR John A. Moran, Inc. 3000 C. Baltimore ST VS 151-REV. 1/1/68



	0-212 70	OAAO BALTIM	ORE CITY	HEALTH DEPARTMENT	X	70	0440
BIF	RTH NO.	8449 CERT	IFICA	TE OF DEATH	REG. NO	,7,0	8448
	NAME OF DECEASED			DATE AN	D HOUR OF DEATH		
П	pe or Print) Miss Ida Ak	churst			UST 23	1300	205
3.	PLACE IN BALTIMORE MARYLAND, WH			4. USUAL RESIDENCE (When		17.14	of PM 1
				A. STATE B. COUN	LA geceased lived if it	istitution: residenc	e belare admissiar
FU	ILL NAME OF (IF NOT IN HOSPITAL	OR INSTITUTION, GIVE ST	TREET	Maryland B	altimore	5	3 10 1)
IN	21110 IION	ION)		C. CITY OR TOWN	D. INS	IDE CITY LIMITS?	
-	Keswick		Towson		YES 🗍	NOXX	
1	400 w. 40th Street			E. STREET AND NUMBER			
_	Baltimore, Maryland 21211			1676 Mussoula Road			
5. 5		MARRIED NEVER MAR	PPIEDXX		9. AGE (In years	If Under 1 Yr.	, If Under 24 Hr
F	4.50 4.50				last birthday)	Months Days	Hours Min.
	USUAL OCCUPATION (Give kind of work 10	WIDOWED DIVOR	KCED	Oct. 9,1879	90		
uun	and and in a working the even it tellied)		IMPOSIKI	II. BIRIMPLACE (State of forei	gn country)	12. CITIZEN OF	WHAT COUNTS
N	ever employed	At Home		Baltimore,	Maryland	Tr.	S.
13.	FATHER'S NAME			14. MOTHER'S MAIDEN NAM			
	Hamber D 41 1						
6 1	Henty B. Akeh	urst		Mary Au:	relia Kelly	7	
Yes	Was Deceased Ever in U. S. Armed Forces, no ar unknown) (If yes, give war or dates	of Service)   1 6. SOCIAL	NO.	7. INFORMANT	,	ADDR	ESS
	No			K 11	13.		
_	lis. unknown	215-54.	-1897 OF DEATH	KESWICK	recor		
	7 35 7		OF DEATH				NONSET AND DEAT
	DISEASE OR CONDITION DIRECT	CTLY		011	) 1 ,		1
	(This does not mean the mode of d		DIATE CAUS		1808 most	7   3	CYCS
	heart toilure, asthenia, etc. It means th	e disease,	IO, OR AS A	CONSEQUENCE OF:			
	injury or complication which caused de	eath.)	7	1. 1. 1	1		and .
	ANTECEDENT CAUSES		GNOF	solved page	roschm	222	1'Urs
	DISEASES OR CONDITIONS, il any	v. giving (B)	O. OR AS A	CONSEQUENCE OF:		2710	
	rise to the above cause (A) st	lating the	A .	1 1771	( .		0
	UNDERLYING CONDITION last.	(C)	Wer	ital Katarda	Jes Jes	-	te
_							
Ó	OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING				Į.	
4	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 1	(A).					**********
3	19A. DATE OF OPERATION 19B. CONDIT	TON FOR WHICH OPERATE	ON	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE F	INDINGS CONST	DERED
ERTIFIC	WAS PERFOR	OVED.			IN CERTIFYING CAL	SES OF DEATH?	
5	21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF	21B PLACE OF INJU	JRY (e.g., in	or about 21C. WHERE DID	(If In Rollinson	City also and t	analina)
ч. т	DEATH (notify medical examined)	hame, form, lactory,	street, offic	e bldg., INJURY OCCUR?	pr in outimore	City, give exoct I	oconon)
ا د							
	21D.TIME (Month) (Doy) (Year) () OF INJURY	Hour 21E INJURY OCCUI		21F. HOW DID INJU	RY OCCUR?		
	(APPROX.)	While At	Not While				
-	22		At Work		10		
	22. I certify that (I)(this hospital) attended the deceased from 26 May 19 68 to 33 Aug 19 10						
	that (I) (we) last saw the deceased o		ug	1910 and the	in(my) (our) apin	lan death occu	red on the dat
	and haur and fram the causes stated	abave (I) (We) (did) (di	ld ngthyla	w the bady after dent		,	
	and haur and fram the causes stated abave (1) (We) (did) (did not) view the bady after death.						
	( 1. (c. 1) ()	ling Med. No S	toff D	23B. DATE SIGNE	. 100		
-  -	23C. PHYSICIAN'S	hord for the most	GREE Phys.		hys.	04 Bu	9 1911
	23C.PHYSICIAN'S NAME (Type)	D: -L	23	D. ADDRESS			
	mubrey U.	Richardson					
4A.	BURIAL CREMATION, 248. DATE	24C. NAME of CEMETER	DEGREE RY OF CREM	ATORY 24D. LO	CATION (C)		
	REMOVAL (Specify)					, town, ar caunty)	(State)
	Durial Fug. 20, 19/	70 Govans Prest	sytero	an lemetery Ba	ltimore, Mar	ryland	
5A.		B. NAME OF REGISTRAR		25C. FUNERAL DIRECTOR	-		RESS
-	MIG 26 1970 Blee &.	Jaber, M.D.		John Burns'	Sons. Town	2. Manula	nd
5 1	50-REV, 1/1/68			1 0 000	2.00	7	



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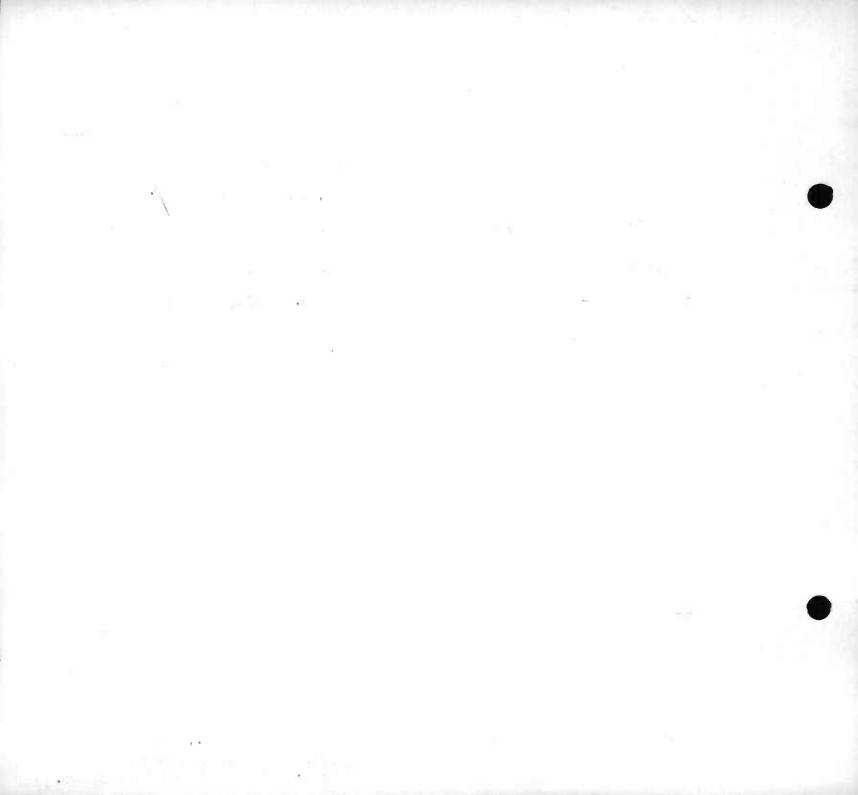
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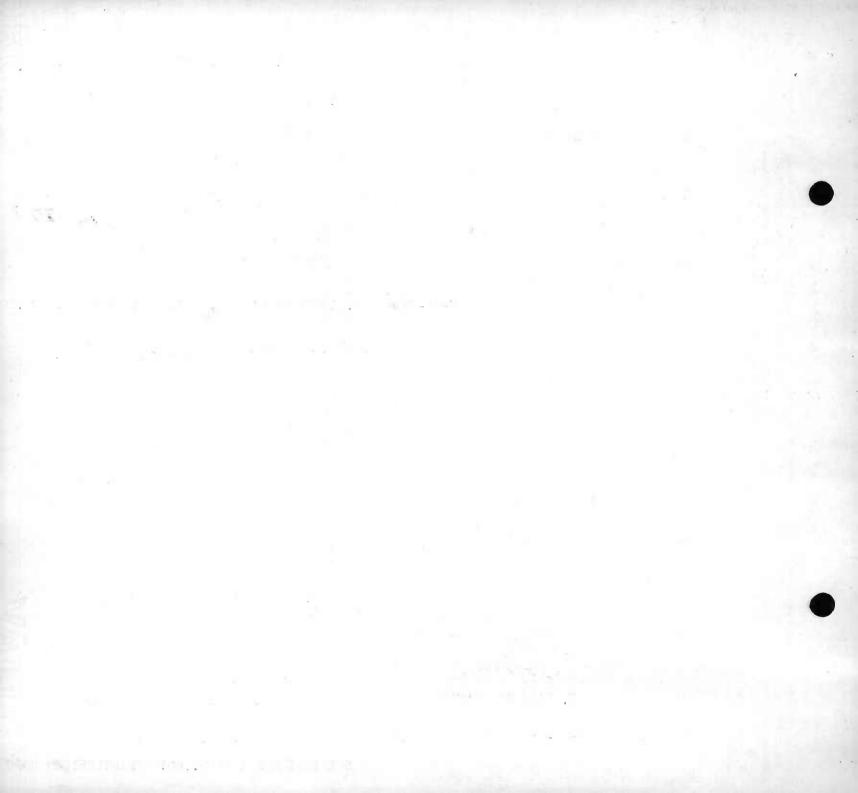
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FUNERAL DIRECTOR:

4-155 70 0452 BALTIMO	ORE CITY HEALTH DEPARTMENT
	IFICATE OF DEATH X REG. NO. 10 8453
1. NAME OF DECEASED (Typo or Print)	2. DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	8-23-10 7-P
WHERE PRONOUNCED DEAD	A. STATE  B. COUNTY  A. STATE  B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STI	Maryland Baltimore 52//
INSTITUTION ADDRESS OF EGGATION	C. CITY OR TOWN D. INSIDE CITY LIMITS?
2 m m 3/2.17.1	Essex 21221 YES NOTE
37 Mency Haspital	E. STREET AND NUMBER
	1110 Tace Drive
5. SEX 6. RACE 7. MARRIED NEVER MARI	RIED 8. DATE OF BIRTH 9. AGE (In years II Under 1 Yr., If Under 24 Hrs., Months; Doys Hours; Min.
T WIDOWED DIVOR	CEDITION 1910 1 54
OA. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR IF	NOUSTRY 11. BIRTHPLACE (State of foreign country)   12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if refired) Housewife Home	Maryland USA
3. FATHER'S NAME	
	14. MOTHER'S MAIDEN NAME
Elmer Hayes	Anna Doring
5. Was Doceased Ever in U. S. Armed Forces?  1 6. SOCIAL SECURITY N	17. INFORMANT
1/0	Joseph K Homning Come
18. / 220 14 5	490
1 ONUSE O	F DEATH  APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(This does not mean the made of duine and (A)IMMED	DIATE CAUSE Magive alike lasis
heori fulure, osihenia, etc. il magne the disease	O, OR AS A CONSEQUENCE OF:
injury or camplication which caused death.)	
ANTECEDENT CAUSES	Pleural escusions
DISEASES OR CONDITIONS, if any, giving DUE TO	Pleural effusions.  D. OR AS A CONSEQUENCE OF:
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OTHER SIGNATURE OF THE PARTY OF	
TO THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL TO SEASE OR CONDITION GIVEN IN PART 1 (A)	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 194 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATIO	***************************************
194 DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS HADERI VINCED	
OR CONTRIBUTING CAUSE OF	RY (e.g., in or obout 21 C. WHERE DID (II in Boltimore City, give exect location)
Denta many medical examined	
21D-TIME (Manth) (Doy) (Year) (Hour 21E INJURY OCCUR	RED 21F. HOW DID INJURY OCCUR?
(APPROX)	Not While
	At Work L
22. I certify that (I) (this hospital) attended the deceased fro	
1	2 7 19 70 and that In(my) (our) opinion death occurred on the date
and hour and from the couses stated above. (1) (We) (did) (did	nat) view the body after death.
23A. SIGNATURE	23 R. DATE SIGNED
St Xumain	Acc. M
23C-PHYSICIAN'S DEG	
NAME (Type)	23D. ADDRESS
Alejandro Sequeira	DEGREE Mercy Hospital Baltimore Mcl.
(A. BURIAL CREMATION, 24R. DATE 24C. NAME of CEMETER)	Y of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
	Memorial Rark Howard Co., Maryland
5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	
BILLO O A 40MO	
AUG 26 1970 Mars E Faller M.D.	James E. Bruzdzinski 1407 Fastern Ave.
I AVENUE A A A A A A A A A A A A A A A A A A A	



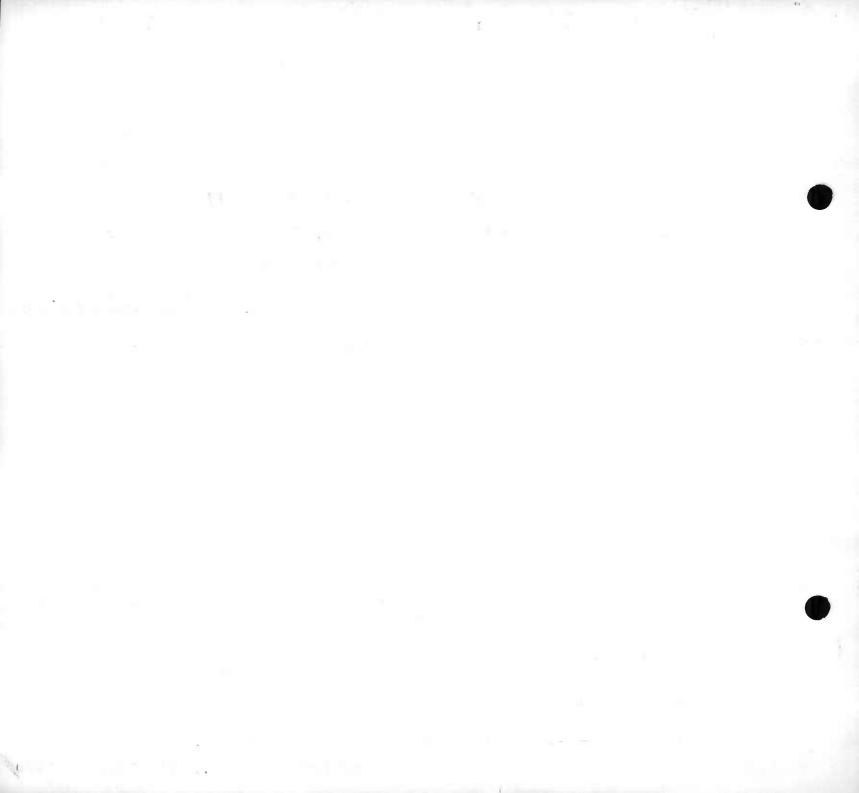
(Type	AE OF DECE	NETTI	E SCH	WARTZ	COHEN)			T 21, 19			11:1
3. PLA	CE IN BALT	MORE MARYLAN	ND, WHE	RE PRONOU	INCED DEAD	4. USUAL R	B. COUN	ore deceased live	d. If institution	n: residenc	e before
HOSPI	NAME OF TAL OR UTION	(IF NOT IN H	LOCATIO	OR INSTITU ON)	TION, GIVE STREET	MARY C. CITY OR T		D	. INSIDE CIT	LIMITS?	3
E	DGEWOO	D NURSING	HOME				IMORE ND NUMBER		YES [		NO 🗌
41	)					6612	VINCENT	LANE			
5. SEX	EMALE	WHITE		MARRIED X	NEVER MARRIED DIVORCED	B. DATE OF	BIRTH	9. AGE (In years lost birthday)	s If Un Month	nder 1 Yr. ns Doys	If Unde Hours
				B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLA	CE (State or fore	eign country)	12. C	ITIZEN OI	WHAT
Н	OUSEWI		olired)	AT	НОМЕ	RUSSI				USA	
	ATHAN I					RAC	S MAIDEN NA	?			
15. Wo	Deceosed	Ever in U. S. Arm			1 6. SOCIAL	17. INFORMA				ADDR	ESS
(Tes, no	-	(If yes, give word	or dotes of	service!	217-22-3830A	MR TCD	AFL SCHW	ARTZ, 66	12 VINC	ENT I	ANE
he	nis does no ort foilure, c	EADING TO DE t meen the mod sthenio, etc. It no dicotion which co	de of dy meons the	e diseose,	(A) IMMEDIATE CALL DUE TO, OR AS		CE OF:	of la	my	1	m.
NOT TO OT is does no ort foilure, cury or comp  A SEASES OF E TO THE THE THE THE THE THE THE THE THE THE	t meen the modesthenio, etc. It in dicotion which continue to the continue to	de of dy meons the oused dec AUSES , if ony (A) sic si.	e diseose, (oth.) (, giving oling the RIBUTING FERMINAL (AL) (AL) (DON FOR W		A CONSEQUEN		O) 20B. IF YES, 1 IN CERTIFYIN	WERE FINDING CAUSES O	GS CONS	IDERED ?	
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IMPORTAN

DIRECTOR:

FUNERAL



	TY HEALTH DEPARTMENT 70 8456
FITH NO.	ATE OF DEATH REG. NO
NAME OF DECEASED	2. DATE AND HOUR OF DEATH
LILLIAN J. GLASSER	AUGUST 23, 1970 / A
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased fived, If institution: residence before adm. A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	MARY LAND BY// D. INSIDE CITY LIMITS?
PLEASANT MANOR NURSING HOME	BALTIMORE YES NO
90	3318 LEE COURT #21208
SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years   If Under 1 Yr.   If Under 2 Months Days Hours A
FEMALE WHITE WIDOWED N DIVORCED	OCT. 7, 1895 74
OA. USUAL OCCUPATION (Give kind of work) 108, KIND OF BUSINESS OR INDUSTRY one during most of working life, even if retired) HOUSEWIFE AT HOME	BALTIMORE, MARYLAND  12. CITIZEN OF WHAT COU
3- FATHER'S NAME	14. MOTHER'S MAIDEN NAME
NATHAN GOLDMAN	SARAH ?
s. Wos Deceosed Ever in U. S. Armed Forces?  es,no or unknown) (If yes, give wor or dotes of service)  1 6. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
NO NO	MR. IRVIN GLASSER, 6117 STUART AVENUE #212
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION last.	Lio Lesquiton Failene  S A CONSEQUENCE OF:  AS A CONSEQUENCE OF:  LIOSALEUTCE C C VOX
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART   [A].	20A. AUTOPSY? (Yes or No)  20B, IF YES, WERE FINDINGS CONSIDERED
19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
	, in or obout 21 C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?
21D. TIME (Month) (Doy) (Yeor) (Haur) 21E. INJURY OCCURRED  While At Not Whi Work At Work	
22. I certify that (I) (this hospital) attended the deceased fram	ct 25 198 10 Que 23 198
that (i) (we) last saw the deceased alive an	3 19 7 and that in(my) apinian death accurred an th
That (1) (10) 1231 3011 1110 doctors of all 10 dilling	view the bady after death.
and haur and fram the causes stated above. (I) (** (did nat)	
and haur and fram the causes stated above. (I) (Ward (did nat)	23B, DATE SIGNED
and haur and fram the causes stated above. (I) (*** (did nat)  23A. SIGNATURE  LULLALO CLARUP OF CREEN PHONE PHONE PH	thending Med. Shaff Director Phys. D
and haur and fram the causes stated above. (I) (War (did nat) 23A. SIGNATURE  LUCAL CLASSICIAN'S NAME (Type)	thending Med. Staff Director Phys. 23B. DATE SIGNED
and haur and fram the causes stated above. (I) (Was (did nat) 23A. SIGNATURE  23A. SIGNATURE  23C. PHYSICIAN'S  NAME (Type)  WILLARD APPLEFELD  OEGREE  4A. BURIAL CREMATION, 24B. DATE    24C. NAME of CEMETERY of CEMETERY of CEMETERY.	Med. Director Phys. 23B. DATE SIGNED  23B. DATE SIGNED  23B. DATE SIGNED  23B. DATE SIGNED  23B. DATE SIGNED
and haur and fram the causes stated above. (I) (War (did nat) 23A. SIGNATURE  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  WILLARD APPLEFELD  OEGREE  4A. BURIAL CREMATION, REMOVAL (Specify)  24B. DATE  24C. NAME of CEMETERY of CEMETERY OF CEMETERY OF CEMETERY OF CEMETERY.	Med. Director Phys. D  23B. DATE SIGNED  23B. DATE SIGNED  23B. DATE SIGNED  23B. DATE SIGNED

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ye , a self-ready or proper allegation desired

FUNERAL DIRECTOR: IMPORTANT

			BALTIMORE CIT		
2 4 -	1-255 H NO.	70 8	458 CERTIFICA	ATE OF DEATH	EG. NO. 70 8458
	AME OF DECEASED or Print)	MIRIAM SCI	HWAB NACHMAN	2. DATE AND HOUR AUGUST 20	1970
3. PI	LACE IN BALTIMORE,	MARYLAND, WHER	E PRONOUNCED DEAD	A. STATE B. COUNTY	d lived. If institution: residence before admission
HOS	SPITAL OR AD	NOT IN HOSPITAL	OR INSTITUTION, GIVE STREET	MARYAAND C. CITY OR TOWN	D. INSIDE CITY LIMITS?
	806 GIST AV	E NUE		BALTIMORE  E. STREET AND NUMBER	YES NO
6	00			5806 GIST AVENUE	
	EMALE WH	ITE W	MARRIED NEVER MARRIED DIVORCED	9. AGE (In lost birthde 87	Months Doys Hours Min.
done	USUAL OCCUPATION during most of working lif		AT HOME	BALTIMORE, MARYLANI	
-	ATHER'S NAME			14. MOTHER'S MAIDEN NAME	
H	IENRY SCHWAB			HENRIETTA ?	
5. W Yes,	Vos Deceosed Ever in no or unknown) (If yes,	U. S. Armed Forces? give wor or dotes of	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	NO				5806 GIST AVENUE #15
1	1B. Z/0,4	14-26	CAUSE OF DEA	тн	APPROXIMATE INTERVAL
	ANTECE DISEASES OR CON rise to the obove UNDERLYING CONE	e cause (A) sid	9	S A CONSEQUENCE OF:	15 suin Years
z	OTHER SIGNIFICANT C			aletes	
≓ li		OT RELATED TO THE T			
ATIO	DISEASE OR CONDITIO	N GIVEN IN PART 1	(A). ON FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF IN CERT	YES, WERE FINDINGS CONSIDERED TIFYING CAUSES OF DEATH?
AL CERTIFICATION	DISEASE OR CONDITIO	198. CONDITION 198. CONDITION WAS PERFORE	(A). ON FOR WHICH OPERATION MED	IN CER	YES, WERE FINDINGS CONSIDERED  THE TIME CAUSES OF DEATH?  If in Baltimore City, give exoct location)
MEDICAL CERTIFICATION	DISEASE OR CONDITION 19A. DATE OF OPERAT 21A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical 21D. TIME (Month) OF INJURY	IN GIVEN IN PART 1 10N 19B. CONDITI WAS PERFOR  UNDERLYING CAUSE OF exominer)	(A). ON FOR WHICH OPERATION MED  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  21E. INJURY OCCURRED While At Not Wh	in or obout 21C, WHERE DID office bldg., INJURY OCCUR?	TIFYING CAUSES OF DEATH?  If in Baltimore City, give exact location)
MEDICAL CERTIFICATION	DISEASE OR CONDITION 19A. DATE OF OPERATE 21A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical 21D. TIME (Month)	IN GIVEN IN PART 1 10N 19B. CONDITI WAS PERFOR  UNDERLYING CAUSE OF exominer)	(A). ON FOR WHICH OPERATION MED  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  21E. INJURY OCCURRED	in or obout 21C, WHERE DID office bldg., INJURY OCCUR?	If in Baltimore City, give exact location)  UR?
MEDICAL CERTIFICATION	DISEASE OR CONDITION 19A. DATE OF OPERAT 21A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical 21D. TIME (Month) OF INJURY (APPROX.)	UNDERLYING CAUSE OF exominer)  ON (Yeor) (Feor)	(A). ON FOR WHICH OPERATION MED  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  21E. INJURY OCCURRED While At Not Wh	in or obout 21C, WHERE DID office bldg, INJURY OCCUR?	If in Baltimore City, give exact location)  UR?
MEDICAL CERTIFICATION	DISEASE OR CONDITION 19A. DATE OF OPERAT 21A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical 21D. TIME (Month) OF INJURY (APPROX.)	UNDERLYING COMMINENT (Doy) (Yeor) (Fig. (this haspital)	(A).  ON FOR WHICH OPERATION MED  218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  10ui)  21E. INJURY OCCURRED While At Not Wh Work  Not Wh At Work	in or obout 21C, WHERE DID office bldg, INJURY OCCUR?	If in Baltimore City, give exect location)  UR?
MEDICAL CERTIFICATIO	DISEASE OR CONDITION 19A. DATE OF OPERAT 21A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical 21D. TIME (Month) OF INJURY (APPROX.) 22. I certify that (I) that (I) (we) last sa and have and fram the	O GIVEN IN PART 1  198. CONDITI WAS PERFOR.  UNDERLYING CAUSE OF exominer  (Doy) (Yeor) (F	(A).  ON FOR WHICH OPERATION MED  218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  10ui)  21E. INJURY OCCURRED While At Not Wh Work  Not Wh At Work	in or obout 21C, WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCC	If in Baltimore City, give exoct location)  UR?  It on Aller 19  It of the course of t
MEDICAL CERTIFICATIO	DISEASE OR CONDITION 19A. DATE OF OPERAT 21A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical 21D. TIME (Month) OF INJURY (APPROX.) 22. I certify that (I) that (I) (we) last sa	O GIVEN IN PART 1  198. CONDITI WAS PERFOR.  UNDERLYING CAUSE OF exominer  (Doy) (Yeor) (F	(A).  ON FOR WHICH OPERATION  MED  21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  Hour)  21E. INJURY OCCURRED  While At Not Whome with the deceased from the deceased from above. (I) (We) (did) (did not)	in or obout 21C, WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCC  21F. HOW DID injury OCC  21F. How did in (my)  21F. How did in (my)  21F. How did in (my)	If in Baltimore City, give exoct location)  UR?
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MEDICAL CERTIFICATIO	DISEASE OR CONDITION 19A. DATE OF OPERAT 21A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical 21D. TIME (Month) OF INJURY (APPROX.) 22. I certify that (I) that (I) (we) last sa and have and fram the	UNDERLYING   (Part I)	(A).  ON FOR WHICH OPERATION MED  218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)  10ui)  21E. INJURY OCCURRED While At Not Whork  Not Whork  Hended the deceased fram abave. (I) (We) (did) (did nat)	in or obout 21C, WHERE DID office bldg., INJURY OCCUR?  21F. HOW DID INJURY OCC  21F. HOW DID INJURY OCC  19  2D 19  20 and that in (my)  view the bady after death.	If in Baltimore City, give exoct location)  UR?  It on Aller 19  It of our apinian death accurred an the decourse of the second
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AND DESCRIPTION OF STREET

0-28	3-425 70 9459 BALTIMORE CITY HEALTH DEPARTMENT 70 8459
death eased n the Such	BIRTH NO. CERTIFICATE OF DEATH REG. NO.
eath. Such	1. NAME OF DECEASED (Type or Print)  2. DATE AND HOUR OF DEATH
ı	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institutions residence held deceased lived.
	FULL NAME OF IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET Md.
	Baltimore City Mospitals - Baltimore YES NO
	4940 Eastern Avenue Baltimore Maryland 6103 Tonge 14 21224
	5. SEX 6. PACE 17
	emale White WIDOWED DIVORCED D
	10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Siele er loreign country)  12. CITIZEN OF WHAT COUNT
	Homemaker Virginia USA
	13. FATHER'S NAME
	Keese Pritt
	15. Was Deceased Ever in U. S. Armed Ferces? (Yes, no or unknown) [If yes, give wer er dotes of service]  16. SOCIAL SECURITY NO.  17. INFORMANT PCH—Records: 4940 Fastern Avenue
	(Yes, no or unknown) [If yes, give wer er dotes of service)  No.  17. INFORMANT  BCH—Records: 4940 Eastern Avenue  236-42-4623 Daughter
	18. CAUSE OF DEATH
	DISEASE OR CONDITION DIRECTLY
	LEADING TO DEATH
	injury or camplication which caused death.)
l	ANTECEDENT CAUSES
ı	DISEASES OR CONDITIONS, if eny, giving rise to the above cause (A) stating the
I	UNDERLYING CONDITION lost. (C)
ı	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ) (A).  DISEASE OR CONDITION GIVEN IN PART ) (A).
	DISEASE OR CONDITION GIVEN IN PART ) (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED.
	WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?
	OR CONTRIBITION OF THE CONTRIBUTION OF THE CON
	DEATH (nelify medical examiner) etc.)
	DEATH (nelify medicel exeminer)    DEATH (nelify medicel exeminer)   DEATH
	(APPROX.)  While At Not While Not Work  At Work
	22 I contifu shee (I) (Abia basta) as a last
	1 . 123 /
	and haur and from the causes stated above. (i) (We) (did) (did not) view the body after death.
	23A. SIGNATURE   23B. DATE SIGNED
	Ky seel Hays MI) Attending Med. Stoff W
	23C. PHYSICIAN'S
	Lussell Harris MI Baltimore City in July Baltimore, mile
10.4	24A. BURIAL CREMATION, 24B. DATE   24C. NAME of CEMETERY of CREMATORY   24C. NAME of CEMETERY   24C. NAME of C
	REMOVAL (Specify) (Stole)
100	25A DATE SECTION WILLIAM CON OF YOUR E. Painelle W. Pa.
	ALIG 2.6 1970 Pale & Jake M.D.
15	150-REV. 1/1/68

AND THE PROPERTY OF THE PARTY OF THE PARTY.

	and Ised the	BALTIMORE CITY HEALTH DEPARTMENT  CERTIFICATE OF DEATH  REG. NO. 70 8460
	- 0 D W	1.NAME OF DECEASED (Type or Print)  Walter E. Nesbit  2. Date and Hour of Death  8/24/70  11:15 A. M.
100	hos Jse (5) and ded	S. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceosed lived, If institution: rosidence before odmission)  A. STATE B. COUNTY  FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET)  Maryland
	d in a h ng caus cause; ( attenda	The Good Samaritan Hospital  Baltimore  F. STREET AND NUMBER
	buti hed far far ade.	418 Folcroft Street
	occurre ontribut ermined regular regular eased p	Male W WIDOWED DIVORCED 8/25/09
,	in dec	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or loreign country)  Clerical Brewery Baltimore, Maryland U.S.A.
	was the sposit	13. FATHER'S NAME
	+ ·- F - ·-	Walter Nesbit Edna Schreiber
	the the the dec nce	15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (Iff yes, give wor or dates of service)  NO  16. SOCIAL SECURITY NO. 213010322  Wife — Same
	d o	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  CAUSE OF DEATH A Metastatic Carcinoma  From undetermined site.  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  Months
	iner or iner. Als acture o pronou ular att	(This does not mean the mode of dying, e.g., heart latiture, asthenia, etc. It means the disease, injury or complication which caused death,)
0 0	A fra who p regul	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, II ony, giving  DUE TO, OR AS A CONSEQUENCE OF:
DIRECTOR:	X C Z C B	UNDERLYING CONDITION lost. (C)
SAL	B + N ≯ E	O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
	Body the the nysici	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
_	by the pital by res; (2) where No ph	U 21A ACCIDENT WAS UNDERLYING   21B PLACE OF INJURY (e.g., in or obout 21C, WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?  DEATH (notify medical examined)  21B PLACE OF INJURY (e.g., in or obout 21C, WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?
-	hos ppt (6)	DEATH (nofity medical examined)  21D.TIME (Manth) (Day) (Year) (Hour)  OF INJURY (APPROX.)  Not While At Work  Not While At Work
	the hiny ne and and obtain	22. I certify that (1) (this hospital) ottended the deceased from July 22 19 70 to August 24.
	ased to ased to dent of a ospital ( death); nust be	that (i) (we) last saw the deceased alive an August 24, 19 70 and that in (my) (our) apinion death occurred on the date
	death)	and hour and from the causes stated abave. (I) (We) (did) (did nat) view the body ofter death.  23A. SIGNATURE
	9 6.0 5 6	Attending Med. Director Phys. August 24, 1970
	y was rely y was rely 1) An acc 2.A. at a d prior to approval	John D. Talbert, M.D. 5601 Loch Raven Blvd. Balto, Md. 2121
	D.G.	24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, lown, of county) (Stotel
	the b show was dece	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR AUG 26 1970 Paber F. Jahren, M.D.,  J.J. CO WNELLY SONS 300 MACE
	11	/\$ 150-REV. 1/1/68

8-45 70 8461 BALTIMORE CITY HE	
MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH REG. NO. 70 8461
I. NAME OF DECEASED (Type or Print)  Coy Blevins LERGY BLEVINS	2. DATE Known Month Doy Year Hour OF DEATH Estimoted EXX 8 24 70 9:21 a
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	3. DATE PRONOUNCED DEAD 8 24 70 9:21 a.M.
Church Home Hospital	5. USUAL RESIDENCE (Where deceased lived, if Institution; residence before admission) A. STATE Md. B. COUNTY
male   7. RACE   8. MARRIED   NEVER MARRIED   WIDOWED   DIVORCED	C. CITY OR TOWN Balto.  D. INSIDE CITY LIMITS?  YES YOU
9. DATE OF BIRTH 10.AGE (In years lost birthday)  MAR. 16 1936 Hours Months Days Hours Min.	E. STREET AND NUMBER  16 N. Rose Street
II. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME  CHESTER A. BLEVINS
done during most of working life, even if relired)  TRUCK I) RIVEN  Cot IV	15. MOTHER'S MAIDEN NAME  /LOLLISSIE
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dotes of service)  SECURITY NO.	18. INFORMANT ADDRESS EFFIE BLEVIAS 17 BOVE
LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart foliure, asthenia, etc. ii means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  (B)	AS A CONSEQUENCE OF:
22A. EXTERNAL CAUSE WAS 1228 BLACE OF INITIBY (2.4.	yes In or obout 22C. WHERE DID (If in Baltimore City, give exact location)
UNDERLYING SOR CONTRIB.  UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED.  OF INJURY (APPROX.)  1 certify that I held an Inquiry Inspection Autorised from: Natural causes.  Accident Suicide  ACTUAL  SIGNATURE  EXAMINER'S Peter Lipkovic, M.D.	22F. HOW DID INJURY OCCUR?  WHILE ORK  OPSY And that on this basis, death in my opinion  Homicide Undetermined manner  CHIEF MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER  8/24/70
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)  SLA 191  25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	BALTO. MD
254. DAILE REC D'ET HEALTH DEPT. 258. NAME OF REGISTRAR 258. NAME OF REGISTRAR 258. NAME OF REGISTRAR 258. NAME OF REGISTRAR 258. NAME OF REGISTRAR 258. NAME OF REGISTRAR 258. NAME OF REGISTRAR	J.G. CONNELLY SONS 300 AV-)CE

25C. FUNERAL DIRECTOR

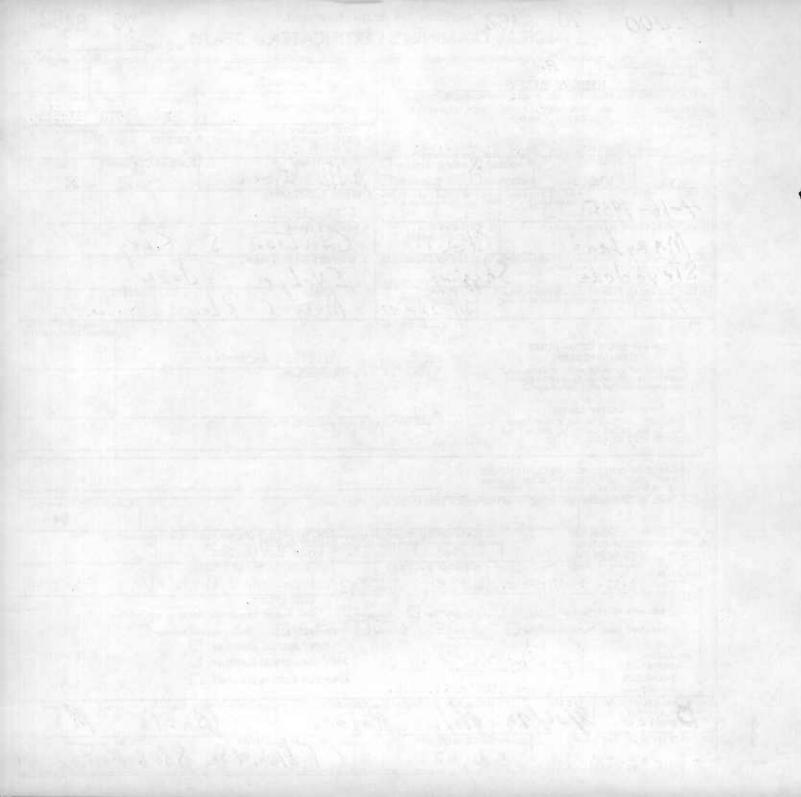
ADDRESS



25A. DATE REC'D BY HEALTH DEPT.

258. NAME OF REGISTRAR

BE Jake XD

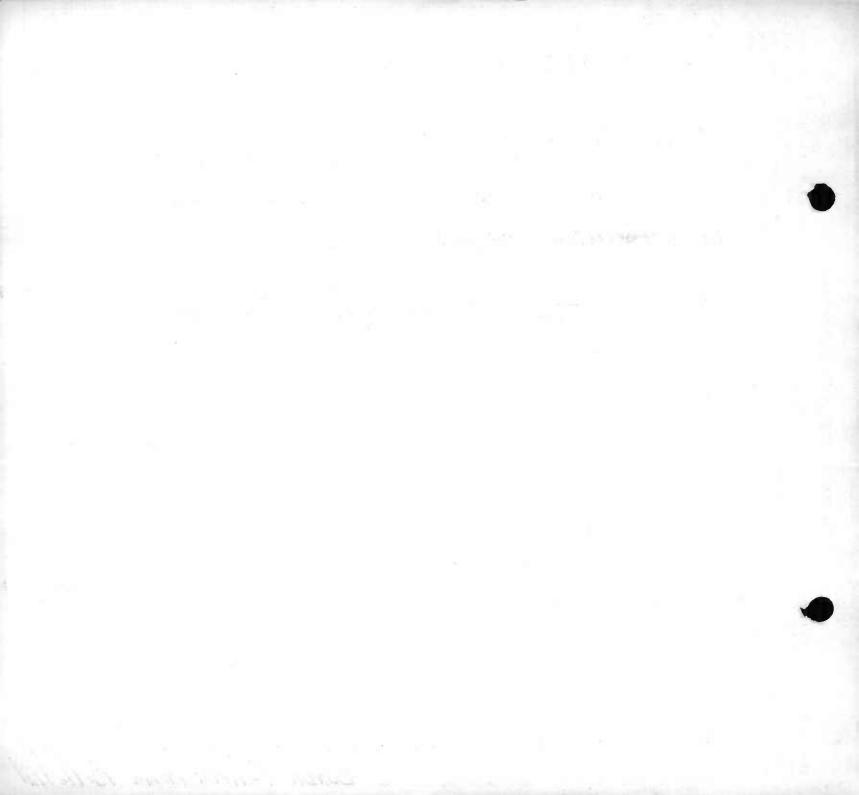


FUNERAL DIRECTOR: IMPORTANT

(Yes, no quinknown) (If yes, give wor or dates of service) 219075452.  Agnes T. Conroy 115 Dunkirk Rd.	No. If Un
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET  HOSPITAL OR INSTITUTION  Long Green Nursing Home  Long Green Number In Junker In	NO. If Un
HOSPITAL OR HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR HOSPITAL HOSPI	r. If Uns Hours
HOSPITAL OR INSTITUTION  ADDRESS OR LOCATION)  C. CITY OR TOWN Rodgers Forge  E. STREET AND NUMBER 115 Dunkirk Rd  S. SEX Female  White  WIDOWED  DIVORCED  DIVORCED  May 12,1890  May 12,1890  Retired Clerk  Retired Clerk  Balto. City  Balto. City  Baltimore, Md.  13. FATHER'S NAME  Stephen J. Conroy  16. SOCIAL (Yes, no quunknown) (If yes, give wor or dates of service)  NO  CAUSE OF DEATH  CAUSE OF DEATH  CAUSE OF DEATH  CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH	r. If Uns Hours
Long Green Nursing Home    E. STREET AND NUMBER 115 Dunkirk Rd    S. SEX   6. RACE   7. MARRIED   NEVER MARRIED	r. If Un s Hours
Long Green Nursing Home    115 Dunkirk Rd   5. SEX	OF WHAT
Female White WIDOWED DIVORCED May 12,1890 So So So So So So So So So So So So So	OF WHAT
Female White WIDOWED DIVORCED May 12,1890 Not birthday Months Doys  May 12,1890 Not birthday Not birthday May 12,1890 Not birthday Not birthday Not birthday Not be provided the standard of work loss kind of wor	OF WHAT
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  Retired Clerk  Balto. City  Baltimore, Md.  13. FATHER'S NAME  Stephen J. Conroy  14. MOTHER'S MAIDEN NAME  Ellen Flaherty  15. Was Deceased Ever in U. S. Armed Forces? (Yes, no quinknown) (Iff yes, give wor or dates of service)  NO  16. SOCIAL SECURITY NO.  21. ON TO DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH	
Retired Clerk  Balto. City  Baltimore, Md.  13. FATHER'S NAME  Stephen J. Conroy  14. MOTHER'S MAIDEN NAME Ellen Flaherty  15. Was Deceased Ever in U. S. Armed Forces? (Yes, no quinknown) (If yes, give wor or dates of service) NO  16. SOCIAL SECURITY NO.  Appendix T. Conroy  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
13. FATHER'S NAME  Stephen J. Conroy  14. MOTHER'S MAIDEN NAME Ellen Flaherty  15. Was Deceased Ever in U. S. Armed Forces? (Yes, no quinknown) (If yes, give wor or dales of service)  16. SOCIAL SECURITY NO. 219075452  Agnes T. Conroy  15. Dunkirk Rd.  CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	USA
Stephen J. Conroy  Ellen Flaherty  15. Was Deceased Ever in U. S. Armed Forces? (Yes, no quinknown)   16. SOCIAL SECURITY NO. 219075452  17. INFORMANT Agnes T. Conroy 115 Dunkirk Rd.  18. Application of Constitution Directly Leading to Death  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no quinknown) (If yes, give wor or dates of service)  16. SOCIAL SECURITY NO. 219075452  Agnes T. Conroy 115 Dunkirk Rd.  CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(Yes, no ocunknown) (If yes, give wor or dates of service) 219075452.  Agnes T. Conroy 115 Dunkirk Rd.  OLISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	DRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	-51
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	PROXIMATE
LEADING TO DEATH	EEN ONSET
	. 204.
(This does not mean the made of dying, e.g., heart failure, asthenio, etc. It means the disease,	
injury or complication which coused death.)  Attention Complication Court of Company of the Court of Court of the Court of Court of the	144
injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving  DUE TO, OR AS A CONSEQUENCE OF:	
rise to the obove cause (A) stating the UNDERLYING CONDITION last, (C)	
Z	
O THER SIGNIFICANT CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE TERMINAL    DISEASE OR CONDITION GIVEN IN PART 1 (a).	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  19B. CONDITION FOR WHICH OPERATION 19B. CONDITION WAS PERFORMED  20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CON IN CERTIFYING CAUSES OF DEATH	ISIDERED
	a4 lo -= 41
OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?	ct location
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While At Not While	
(APPROX.) While At Work At Work	
22. I certify that (I) (this hospital) attended the deceased fram AUS. 9. 1970 to 170 to 170 to 170 to 170 to 1970 to	9
that (1) (we) last saw the deceased alive an AVG . 19 19 70 and that In(my) (aur) apinion death ac	curred o
and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death.	
23A, SIGNATURE / / /	
Com. N. Rommer 4. Attending Med. Staff Director Phys.	BNED
	INED
23C. PHYSICIAN'S	ined
23C. PHYSICIAN'S 23D. ADDRESS 23D. ADDRESS	ined ing.
23C. PHYSICIAN'S NAME (Type)  23D. ADDRESS 6011 York Rd. Balto. 24d.	21.
23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 6011 York Rd. Balto. Ad.	21.

and the second of the second o

A Sec. Other and Property of the Control of the Con



1	M-242 70 8465	BALTIMORE CITY	HEALTH DEPARTMENT		70 8465
BII	DTU NO	CERTIFICA	TE OF DEATH	REG. NO	
,	NAME OF DECEASED MIRIAM  ype or Pâni) = Marian = Michaelis		2. DATE A Augu	st 22, 1970	10:20P
FLHIN	DEL NAME OF OF MOTHS HOSTIAL OR INSTITUTE OSPITAL OR ADDRESS OR LOCATION) GOOD Samaritan Hospital 5601 Loch Rayen Blyd.	THE PARTY	4. USUAL RESIDENCE (Wh A. STATE 8. COU Maryland C. CITY OR TOWN GALLEMON E. STREET AND NUMBER	D. INSID	E CITY LIMITS?
	Balto, Maryland 21212		2219 Rogene		. 204
	rem. WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 7/4/14	30	If Under 1 Yr. If Under 24 Months Doys Hours Min
1		alien	11. SIRTHPLACE (Stole or for	eign country)	12. CITIZEN OF WHAT COUN
13.	FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NA	ME	
(10:	W. D. I.F. Landson	SOCIAL SECURITY NO. 14404058	17. INFORMANT	at .	ADDRESS
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, it any, giving rise to the above cause IA) stating the UNDERLYING CONDITION last.	(B) Stone	SE DAMPIGAÇÃO  CONSEQUÊNCE OF:  LESSUE	plecenia decerder	? 15doyr
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHITE WAS PERFORMED	CH OPERATION	20A. AUTOPSY? (Yes or No	DI 208, IF YES, WERE FIN	IDINGS CONSIDERED
CAL	21A. A CCIDENT WAS UNDERLYING 21B. PLA OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	CE OF INJURY (e.g., trooper, foctory, street, off	or obout 21C. WHERE DID ce bidg., INJURY OCCUR?		City, give exoct location)
MEDI	21D. TIME (Manth) (Day) (Year) (Hour) 21E. INJ OF INJURY (APPROX.) While A Work	URY OCCURRED  Not While At Work	21F. HOW DID INJ	URY OCCUR?	,
	22. I certify that (1) (this hospital) attended the d that (1) (we) lost saw the deceased alive on	8/22	19 70 and th	19 70 ta 8 ot in(my) (our) opinic	on death accurred an the d
	and haur and fram the causes stated above (1) (W 23A. SIGNATUSE L. Jaw J. N 23C. PHYSICIAN'S	10 DEGREE Phys.		Shaff 27	SR DATE SIGNED / 70
4A	NAME (Type)  Richard L. Taw Jr, M  BURIAL CREMATION, 124B. DATE   124C. NAME	1.D. DEGREE	Good Samuito	in Hospital	1
(	Bural (Specify)	S Hass G	metery >	Montres	town, or county) (Stote)
1	AUG 26 1970 Pabers & Salber M	L	Sylvan S	Luis & Se	m 9610 Rest
-	150-REV. 1/1/68				

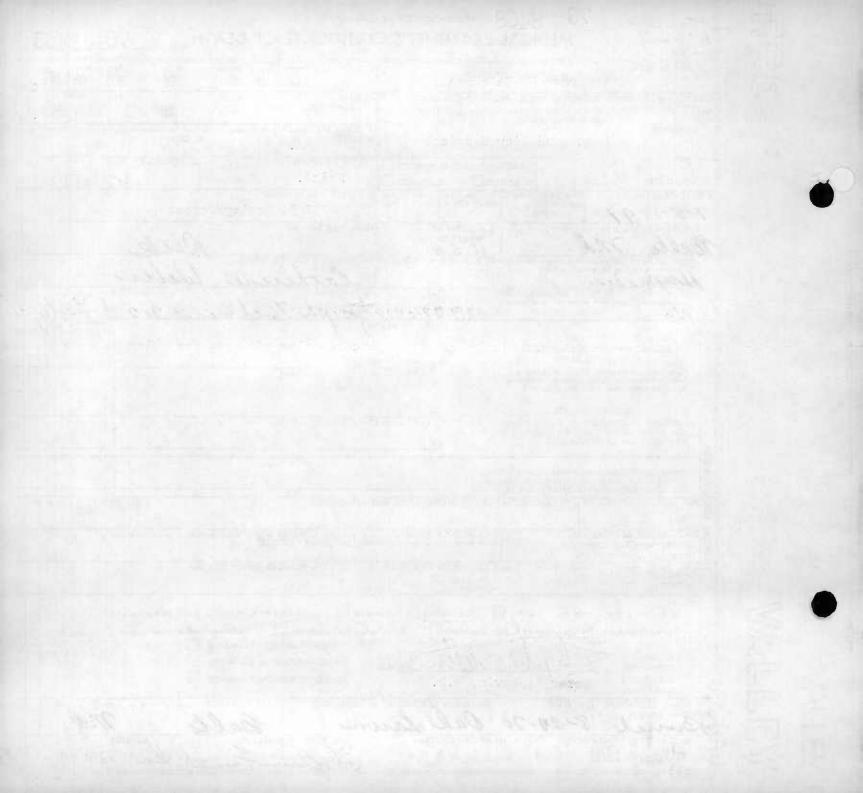
V.S. 153 9-17-70 M.H.

Charles . Saltago . to bemate a cholesia meni decad direction . aya hardul & 125 2 naromali manIMPORTANT

DIRECTOR:

FUNERAL

70 8468 BALTIMORE CITY HE	ALTH DEPARTMENT
1-255 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH 70 8468
BIRTH NO.	KEO, NO. 3 3 3 3 3 3
1. NAME OF DECEASED (Type or Print)  Margarett H. Teichman	2. DATE Known Month Day Year Hour OF Estimoted 28 8 23 70 9:38 p. M
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimoted 28 8 23 70 9:38 p. M.  3. DATE Month Day Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD 8 23 70 9:38 p. M.
Baltimore City Hospital	S. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Md.
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
female White WIDOWED DIVORCED	Balto. YES NO
9. DATE OF BIRTH 10. AGE (In years of Under 1 Yr. II Under 24 Hrs. lost birthday) Months, Doys, Hours, Min.	E. STREET AND NUMBER 712 S. Fagley Street
11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF	13. FATHER'S NAME
Balto. Md. WHAT COUNTRY?	Weck;
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR' done during most of working lile, even if retired)	15. MOTHER'S MAIDEN NAME
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	118. INFORMANT ADDRESS
(Yes, no or unknown) (if yes, give wor or dotes of service) SECURITY NO.	1 1 4 1.
\( \lambda \)   \( \frac{217 - 22 - 05^2 78}{19.} \)   CAUSE OF DEA	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	Arteriosclerotic Cardiovascular disease
LEADING TO DEATH	
(This does not mean the mode of dying, e.g., heart follure, asthenia, etc. it means the disease,	AS A CONSEQUENCE OF:
injury or complication which coused death.)	
ANTECEDENT CAUSES  (B)  DISEASES OF CONDITIONS IS ANY CIVING	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE	A CONSEQUENCE OF
(c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	AS PERFORMED 21. AUTOPSY? (Yes or No)
22A. EXTERNAL CAUSE WAS UNDERLYING SOR CONTRIB. 22B. PLACE OF INJURY (e.g., home, farm, foctory, street, office	In or obout 22C, WHERE DID (II in Baltimore City, give exact location)  e bldg., etc.) INJURY OCCUR?
UNDERLYING GOR CONTRIBLUTING CONTRIBLUTING CONTRIBLUTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour)   22E.INJURY OCCURRED	22F. HOWDID INJURY OCCUR?
OF INJURY WHILE AT NOT	WHILE O
23.	
l certify that I held on Inquiry Inspection X Au resulted from: Natural courses Accident Suicid	topsy and that on this basis, death in my opinion  Homicide Undetermined monner
resulted from: Notural, couses Accident Suicio	CHIEF MEDICAL EXAMINER
ACTUAL SIGNATURE SULLINGUE ME	DATE SIGNED
SIGNATURE EXAMINER'S Peter Lipkovic, M.D.	ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER
NAME (Type)  24A. BURIAL CREMATION,   24B. DATE   24C. NAME of CEMETERY	or CREMATORY 24D, LOCATION (City, town, or county) (State)
REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, town, or county) (State)
25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR	2SC. FUNERAL DIRECTOR ADDRESS
AUG 25 HAI TOSON E. SALAS AND	
	Halfman Funes Hone 3218 Herdson



B-42	4 70	8469		HEALTH DEPARTMENT TE OF DEATH	X REG. NO.	70 8469			
I.NAME OF DE	WALLY B	FOTHA	BLAKEE	2. DATE AN	D HOUR OF DEATH	1,00			
3. PLACE IN BA	ALTIMORE MARYLAND, V	VHERE PRONO		4. USUAL RESIDENCE (Whe	te deceased lived. If instituti	ons residence before admission			
FULL NAME O	F (IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTIT	UTION, GIVE STREET	MD B. COUN	B42 To	530			
INSTITUTION	OF MAS A				221 P. INSIDE C	ITY LIMITS?			
38				E. STREET AND NUMBER  923 Fex	wood LANE	21221			
S. SEX	6. RACE	7- MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH		Under 1 Yr. If Under 24 Hrs nths Doys Hours Min.			
OA. USUAL OC	CUPATION (Give kind of work			11. BIRTHPLACE (State or fore	ign country) 12.	CITIZEN OF WHAT COUNTR			
Packa	ser	1	acking Co.	MO		USA			
3. FATHER'S NA				14. MOTHER'S MAIDEN NA					
60.	STAVE DEPOI	TERS		Bertha Redh	nead				
5. Was Decease	nd Ever in U. S. Armed For	cas?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
NO	, ,	or services.	220 12 4621	MARION T B	LAKLEY	SAME			
18.	426		CAUSE OF DEATH			APPROXIMATE INTERVAL			
DISEA	SE OR CONDITION DI	RECTLY		FARCTIONOF		BETWEEN ONSET AND DEAT			
(This does	LEADING TO DEATH		(A) IMMEDIATE CAU	CONSEQUENCE OF:	?	1 ALV			
heorf loilure	not mean the mode of , osthenia, etc. If means	dying, e.g., the diseose.	DUE TO, OR AS	CONSEQUENCE OF:					
injuly of co	mplication which caused	deoth.)							
	ANTECEDENT CAUSES		/p) <	OR MESENTERIC	+ INF MESEN	VISTER I DAY			
DISEASES	OR CONDITIONS, if	any, giving	DUE TO, OR AS	OCM BOS IS: LE. OF MESENTERIC A CONSEQUENCE OF:	ARTER	·23			
	he above couse (A)	staling the							
ONDEREIT	TO CONDITION IBSE		(c)						
OTHER SIGN	  FICANT CONDITIONS CO  TH BUT NOT RELATED TO T	NTRIBUTING							
DISEASE OR	CONDITION GIVEN IN PAR	T 1 (A).		***************************************		*****			
1 8/8	F OPERATION 198 CON WAS PERI	DIAGN		20A. AUTOPSY? (Yes or No	) 20B, IF YES, WERE FINDII IN CERTIFYING CAUSES	NGS CONSIDERED OF DEATH?			
OR CONTRIE	ENT WAS UNDERLYING LITTING CAUSE OF Wedicol examined		PLACE OF INJURY (e.g., in e, form, foctory, street, off	or obout 21 C. WHERE DID ce bldg., INJURY OCCUR?	(If in Boltimore City,	, give exact focation)			
21D. TIME OF INJURY	(Month) (Doyl (Year)		INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?				
(APPROX.I	-	Whi	ife At Not While						
22. I certif	y that (1) (this hospital			x/22 /	020 - 6/23	10/0			
1.	) last saw the decease		2 (27)	/	of fn (my) (aur) opinion	death accurred an the dot			
and hour ar	and hour and from the causes stated abave. (1) (We) (dld) (dld nat) view the bady after death.								
23A. SIGNAT	URE	01 1			23 B,	DATE SIGNED			
	Kresten C	tueta	HO. Atter	ding Med. Director	Staff Phys.	8/23/20			
23C. PHYSICI NAME (	AN'S Typed KRISTIN	STOR	2	D. ADDRESS  UNIKO					
4A. BURIAL CR	EMATION, 248, DATE		ME of CEMETERY OF CRE			vn, or county) (Stote)			
Buria	(Specify) 8/26/70		dens of Faith		3111 0	vn, or county) (Stote)			
AUG 25	1970 Table & E	255 NAME C	FALESTRAR	25C EUNERAL DIRECTOR	Junglesnich	ADDRESS			
110000			781	bruzdzinski	Tune par Home 14	107 Eastern Ave			
S 150-REV. 1/1.	/4.0								

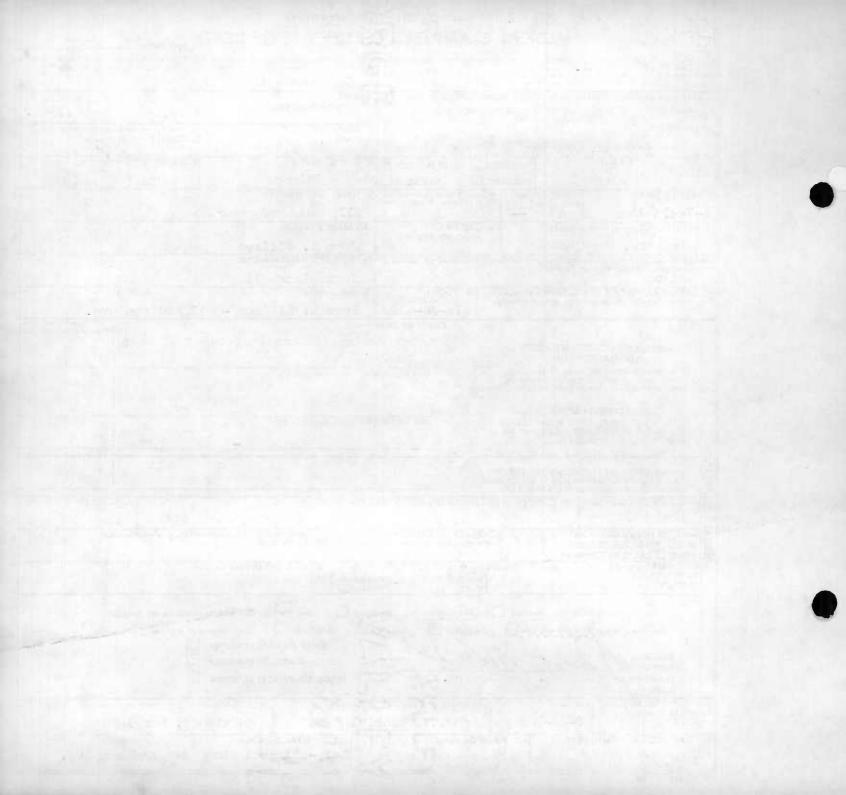


IMPORTANT

FUNERAL DIRECTOR:

BI	M-25	4 70	847		TE OF DEATH	REG. NO.	70 8470	
	ype or Print)		rothy	LEE (SOLOMON		ug. 1970	15:35 A.	
FU	PLACE IN BAL ULL NAME OF IOSPITAL OR	TIMORE, MARYLAND, W	HERE PRON	OUNCED DEAD		e deceosed lived. Il institutive altimore  D. INSIDE	Lion: residence belore odmission  1302  CITY LIMITS?  ES NO	
-	33				2028 Mt. Roy	al Ter.		
	SEX F	6. RACE Negro	WIDOWE		8. DATE OF BIRTH APRIL 21	9. AGE (In years If ast birthday) M	Under 1 Tr. II Under 24 Hrs onths Doys Hours Min.	
1	OUS EWI :	E e	10B, KIND	OF BUSINESS OR INDUSTRE	11. BIRTHPLACE (Stote or force Sylvania, Georgia, Manden NAA	gia	2. CITIZEN OF WHAT COUNTR	
15.		SOLOMON Ever in U. S. Armed For	0.57	1 6. SOCIAL	LOUISE YOUN	ſG		
(Te	vo	Ever in U. S. Armed Ford (If yes, give wor or dote	of service)	SECURITY NO. 255-36-0164	CHARLES McMILL	N * 2020 M	ADDRESS	
	(This does not heart failure, injury or com  A DISEASES Of ise to the	E OR CONDITION DIR LEADING TO DEATH of meon the made of asthenia, etc. If means plication which caused ANTECEDENT CAUSES R CONDITIONS, if abave couse (A) CONDITION last.	dying, e.g the disease death.)	(B)	Earcinoma A CONSEQUENCE OF: A CONSEQUENCE OF:		4 months	
CERTIFICATION	OTHER SIGNIFI TO THE DEATH DISEASE OR CO	CANT CONDITIONS CON BUT NOT RELATED TO THE DIDITION GIVEN IN PART OPERATION 198 CONE WAS PERF	E TERMINAL  1 (A).  DITION FOR		20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIND IN CERTIFYING CAUSES	INGS CONSIDERED	
CAL	OR CONTRIBU	T WAS UNDERLTING TING CAUSE OF	21 ho	B. PLACE OF INJURY (e.g., ir me, form, foctory, street, aft	or obout 21 C. WHERE DID	(If In Boltimore Cit	y, give exocl lacotion)	
MEDI	21D.TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURT OCCURRED OF INJURY (APPROX.)  While Al  Nol While  22. I certify that (I) (this hospital) attended the deceased fram 8 AUSUST 19 70 to 24 Aug. 19 70 that (I) (we) last saw the deceased alive on 23 Aug. 19 70 and that in(my) (our) opinion death accurred on the do and hour and fram the causes stated above. (I) (We) (did) (did not) view the bady after death.							
244	23A. SIGNATURE  Benjamin L. Portnoy, M.D.  DEGREE Johns Hopkins Hospital  24A. BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERT of CREMATORT  23B. DATE SIGNED  24 Aug. 1970  23D. Address  Benjamin L. Portnoy, M.D.  DEGREE Johns Hopkins Hospital  24D. LOCATION (City, town, or county) (Store)							
25A	BURIAL	8-27-70 BT HEALTH DEPT. 1970 Pabers	SE NAME	altimore Nation of REGISTRAR	Ba 25C. FUNERAL DIRECTOR Mary-Elizabet	ltimore, Mary	land	

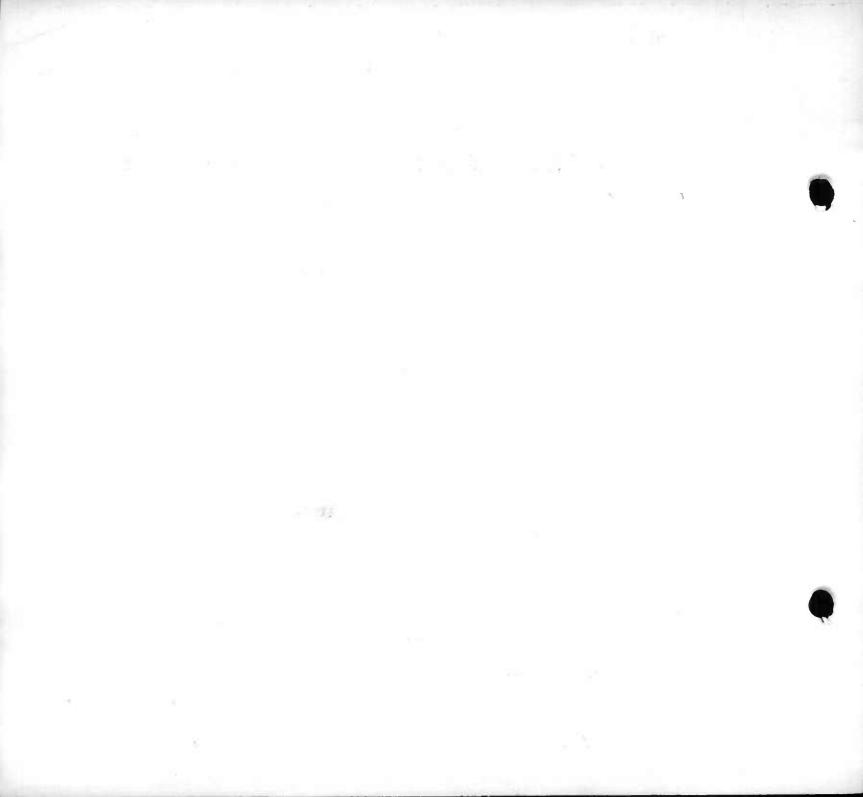




G-600 70 8472	BALTIMORE CIT	Y HEALTH DEPARTMENT	REG. NO	8472				
1. NAME OF DECEASED (Type or Print) Henrietta Ra	wlings Gray	August 2	3,1970					
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRON		4. USUAL RESIDENCE (Where december 1. STATE B. COUNTY	sed lived. If institution:	esidence before admission				
INSTITUTION ADDRESS OR LOCATION)		Balte.	D. INSIDE CITY L					
4 Sinai Hespital		E. STREET AND NUMBER 4310 Springdal		.,,,				
5. SEX Colored WIDOWE	DIVORCED	Bec.14,1892 9. AGE	day) Months	r 1 Yr. If Under 24 Hr. Doys Hours Min.				
10A, USUAL OCCUPATION (Give kind of work 108, KIND of done during most of working life, even if retired) HOUSEWITE	F BUSINESS OR INDUSTRY	Calvert Co. Md.	ry) 12. Cíti	ZEN OF WHAT COUNTE				
13. FATHER'S NAME George Mason		14. MOTHER'S MAIDEN NAME Henraetta Tuck	er					
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Louise Thompson	4310 Spn	ADDRESS				
injury ar complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, it only, giving rise to the above cause (A) stoling the UNDERLYING CONDITION last.	(B) DUE TO, OR AS	A CONSEQUENCE OF:	drase This	Years				
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  199A. DATE OF OPERATION 199B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 208, 1P	YES, WERE FINDINGS	CONSIDERED				
U 21A. ACCIDENT WAS UNDERLYING 21	ne, form, factory, street, of	n or obout 21 C. WHERE DID	(If In Boltimore City, give	exoct locotion)				
S OF INJURY	LINJURY OCCURRED  ille At Not Whill ork At Work	21F. HOW DID INJURY OCC	CUR?					
22. I certify that (1) (this hospital) attended the deceased from								
and hour ond from the couses stated obove. ( 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)	an M. B. Atte	nding Med. Shaff	23 B. DAT	2 <b>5</b> /70				
Durial 8/28/20 M	AME OF CEMETERY OF CRE	MATORY 24D. LOCATION Pemetery Bal	(City, town, or	county) (Stotel				
AIG 26 1970 Pare & John Marie	OF REGISTRAR	25C, FUNERAL DIRECTOR	319 H Schi	ADDRESS receler St				

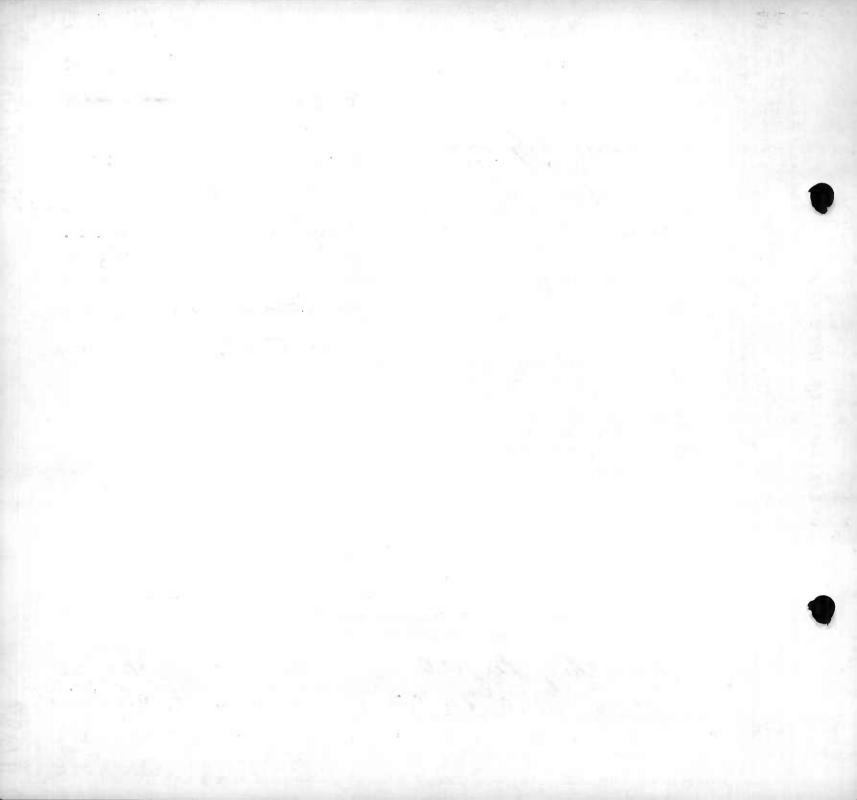


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11.1	AME OF DECEASED	70 04	30			TH	
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3.	LACE IN BALTIMORE, MA	RYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDI	ENCE (Where Deceased lived, I	I institution: residence	before admission)
FU	LL NAME OF (IF NOT	IN HOSPITAL OR IN	STITUTION, GIVE STREET	MO	مت ام	S	17
IN	TITUTION ADDRE	SS OR LOCATION)		C. CITY OR TOWN	D. I	NSIDE CITY LIMITS?	
1 /	2		<del> </del>		more	YES 🏝	NO 🗌
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	Male Ada			alia		Months Doys	Hours Min.
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13.	FATHER'S NAME			14. MOTHER'S M	AIDEN NAME		5/1
				7	miolim Mostman	land	
15.	Was Deceased Ever in U. S.	Armed Forces?	16. SOCIAL		duerAu Mesimore		22
(Yo	, no or unknown) (If yes, give	wor or dotes of service	SECURITY NO.			2006	
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	(This does not mean the	mode of dying, e	DIETO OP AS	A CONSEQUENCE O	OF: 700	7	·
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TION	TO THE DEATH BUT NOT RI	ELATED TO THE TERMIN	4G AL				
CA	DISEASE OR CONDITION GI	VEN IN PART 1 (A).	***************	120A. AUTOBOY	(Yes at No) 700 to ver	E SINDINGS CONST	) EPED
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	23C. PHYSICIAN'S	11 Olall	DEOREE	23D. ADDRESS		1/18/	10
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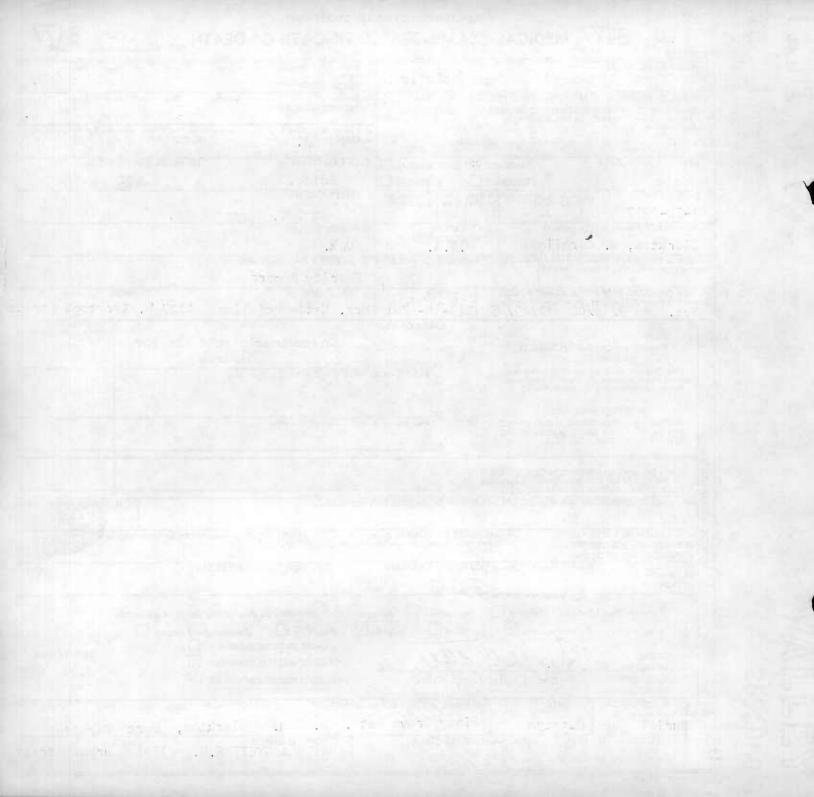
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FULL NA/ HOSPITAL INSTITUTION	OR odd	not in hospital ress or location	or institution, giv n}	e street	c. City of To	OWN III outs	BAHMON ide city limits, write	e RURAL and give	lownship)
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5. SEX MA/e	6. RACE		MATT	DIVORGED (specify)	7-1-193	4	. AGE (In years ost birthday)	If Under 1 Yr. Months Doys	If Under Hours
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	eo Leak,	Sr							
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No.	iownilit yes, g	ve war ar date	s of service)	SECURITY NO.	Mrs. Co	ra Leak	4002	Bedford R	oad
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DISEASE rise la UNDERI  OTHER TO TH DISEASE 19A. DAT  OR CON OR CON OF INJU IAPPROX.  22. I ce that (I) and hau 23A. SIGN  23C. PHY: NAM  24A. BURIAL REMOV	ANTECED S OR CONE The abave YING CONDITION GONIFICANT C DEATH BL OR CONDITION OF OPERATION Of OPERATION Y  Interpretation Y  LIDENT WAS U  LID	elc. II means which caused ENT CAUSES DITIONS, if cause (A) TION last.  II ONDITIONS CLIT NOT RELAN CAUSING IT NOT RELAN CAUSING IT NOT RELAN CAUSING IT NOT RELAN CAUSE OF xaminer)  INDERLYING AUSE OF xaminer)  (Day) (Year)	the disease, death.)  any, giving stating the  ONTRIBUTING TED TO THE T.  DITION FOR WHORMED  21B. PL home, etc.)  1Hour)  21E. It White Work  ) ottended the dalive on	ACE OF INJURY (e.g. farm, factory, street, NJURY OCCURRED AT Not With At World deceased from	in or obout 200, wo office bldg., INJUR 21F. Haile 21F.	OW DID INJU  On and the offer deeth.  Med. Director	20B. IF YES, WERIN CERTIFYING C	REFINDINGS CONSCAUSES OF DEATH	locotion)  10 January 19  10 January

M-245

70 8477 MEDICAL	EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	70 8477
1. NAME OF DECEASED (Type or Print) Sheppard McCall	un (McCullum)	2. DATE Known Month Doy OF Estimoted 8 23	Yeor Hnur 70 1:30 p. M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRO FULL NAME OF (IF NOT IN HOSPITAL OR INSTIT HOSPITAL ADDRESS OR LOCATION)		3. DATE Month Doy PRONOUNCED DEAD 8 23	Yeor Hour 70 1:30 p <sub>M</sub> .
Bon Secours Hos	pital	5. USUAL RESIDENCE (Where deceosed lived, if Institutions A. STATE Md. B. COUNTY	residence belore odmission)
6. SEX 7. RACE 8. MARRIE Male Negro WIDOWE	D NEVER MARRIED DIVORCED	C. CITY OR TOWN D. INSIDE CIT	ry LIMITS?
9. DATE OF BIRTH 110. AGE (In years	f Under 1 Yr. II Under 24 Hrs. lonths Days Hours Min.	E. STREET AND NUMBER  2227 W. Saratoga St.	3 140
	2. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME Unk.	
14A.USUAL OCCUPATION (Give kind of work 14B. KIND (done during most of working lile, even if retired)	OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME Charity Rogers	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (II yes, give wor or dates of service) Yes. 9/16/42 12/23/45	17. SOCIAL SECURITY NO. 218-14-0761		Saratoga Street
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meon the mode of dying, e.g., heart loilure, osthente, etc. it means the disease, trijury or complication which coused death.)  ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIND DISEASE OR CONDITION GIVEN IN PART 1 (A).	(8) DUE TO, OR (C)	Arteriosclerotic cardion  CAUSE disease AS A CONSEQUENCE OF:  AS A CONSEQUENCE OF:	Vasculai
	OR WHICH OPERATION WA	AS PERFORMED	21. AUTOPSY? (Yes or No) yes
UTING □ CAUSE OF DEATH.  22D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.)	22E.INJURY OCCURRED	In or obout 22C. WHERE DID (If in Baltimore City, give exact bldg., etc.)  22F. HOW DID INJURY OCCUR?  WHILE ORK	(t location)
actual signature examiner's pater Lipko	Accident Suicid	CHIEF MEDICAL EXAMINER	
24A. BURIAL CREMATION, REMOVAL (Specify)  Burial  24B. DATE  8-30-70  25A. DATE REC'D BY HEALTH DEPT.   125B. NA		leth. Ch. Cem. Clarkton, Non	rth Carolina
	ME OF REGISTRAR		l Laurens Street



	BALTIMORE CITY HEALTH DEPARTMENT 70 8478
BIRTH NO.	CERTIFICATE OF DEATH
I. NAME C	DF DECEASED
	Earwest, Kathrun (7, 18/25/20 18:25 A
3. PLACE I	IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admis
FULL NAM HOSPITAL INSTITUTIO	
INSTITUTIO	C. CITY OR TOWN TO W SON D. INSIDE CITY LIMITS?
1111	VES A NOT
7/	E. STREET AND NUMBER
5. SEX	6. RACE 12 MARGINET TO MARCE 12 MARGINET STORY STORY Law
Fema	MAKRIED NEVER MARRIED OF BIRTH 19. AGE (In years If Under 1 Yr. If Under 24
IOA. USUAL	OCCUPATION (Give kind of work 108, KIND OF BUSINESS OF INDUSTRY 12 STORY
done during	most of working life, even if refired)
13. FATHER	SOSEWIFE OWN HOME PENNSYlvania USA
1	14. MOTHER'S MAIDEN NAME
	HN GRIFFIN MARY ?
(Yes, no or ur	ceased Ever in U. S. Armed Forces?  nknown) of yes, give wer or doles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT BOX 309 012 COURT ADDRESS
UNKA	
18.	CAUSE OF DEATH APPROXIMATE INTERY
1 / 5	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  ACULE MY DIEN LIA TO FAIL ON
(This d	does not mean the mode of dwing and (A)IMMEDIATE CAUSE
neon ic	or complication which caused death.)  DUE TO, OR AS A CONSEQUENCE OF:  AVLEY OSULEYOTE CAVLION ASEM LAY
DISEAS	SES OR CONDITIONS, if ony, giving  (8)  DUE TO, OR AS A CONSEQUENCE OF:
nise la	a the obove cause (A) stating the
ONDER	CONDITION 10St, (C)
OTHER S	SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DISEASE	DEATH BUT NOT RELATED TO THE TERMINAL EOR CONDITION GIVEN IN PART 1 (A).
19A. DA	TE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OTHER S TO THE DISEASE 19A. DA	140
00 000	CIDENT WAS UNDERLYING   218. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID   (If in Boltimore City, give exact location)
UI	many medical excellences
OF INJU	AE (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
IAPPROX	Work At Work
	ertify that (1) (his hospital) attended the deceased from V/14/70 12:2019 10 to 8/25/70 1:39
that (1)	(we) lost saw the deceased alive on 8/2 5/70 7'00 to 70 P.M.
and hou	ur and from the causes stated above. (1) (We) (did) (did nat) view the body after death.
23A. SIGI	NATURE 23B. DATE SIGNED
1	1. Earl (strong M.D. DEGREE Phys. Director Phys. Director Phys. D
23C.PHT	ME (Type)
	H. EARL COTMAN, M. a. Union Memoria) Union Locales
24A. BURIAL REMOV	CREMATION, 24B, DATE 24C, NAME of CEMETERY of CREMATORY 24D, LOCATION (City, town, or county) (State
Buri	ial 8/28/70 Wildwood Williamsport Po
SA. DATE R	REC'D BY HEALTH DEPT.  258, NAME OF REGISTRAR   25C, FUNERAL DIRECTOR
	H. W. Jenkins & Sons Co. 4905 York
A INDEREV	

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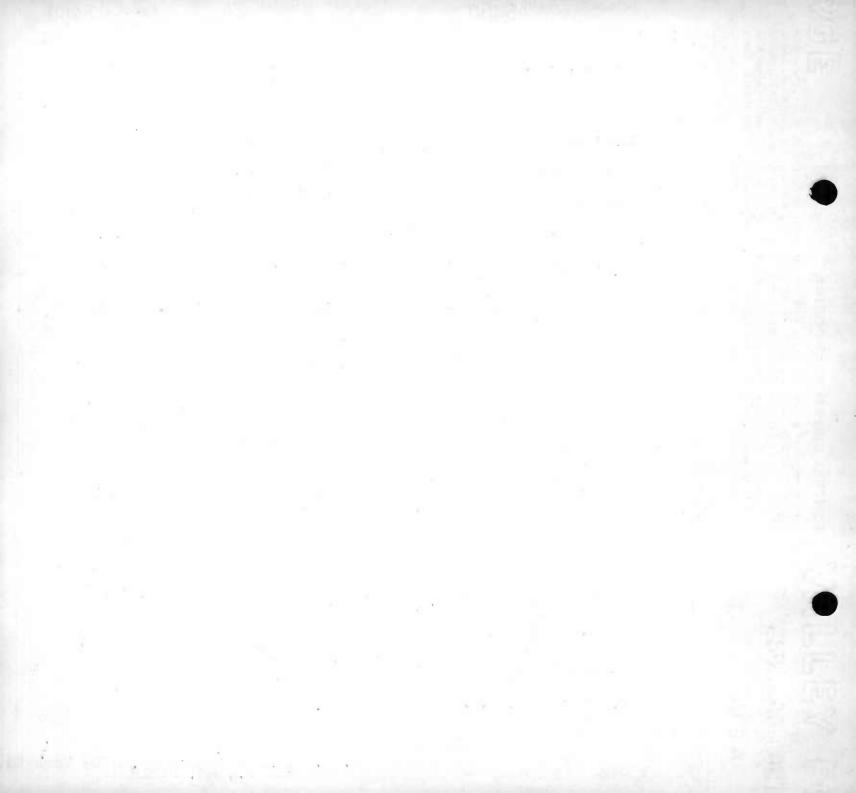
+-	5 36	BALTIMORE CITY HEALTH DEPARTMENT
/	and eath ased the Such	BIRTH NO. 70 8479 CERTIFICATE OF DEATH X REG. NO. 70 8479
4		1. NAME OF DECEASED (Type of Print) HUNTER, REGINALD JOSEPH 2. DATE AND HOUR OF DEATH 8-24-70   5:15 A
	of of of the other	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where decoased lived It institution and the second lived It ins
	cause use; (5) endance to dea	FULL NAME OF ADDRESS OR LOCATIONI INSTITUTION ST. AGNES HOSPITAL  A. STATE  B. COUNTY  MD. BALTIMORE  C. CITY OR TOWN  D. INSIDE CITY LIMITS?
	ting d can r att prior	WILKENS & CATON AVENUES BALTIMORE, MARYLAND 21229  BALTIMORE   YES   NO      E. STREET AND NUMBER 12 CLARENDON AVENUE
	ad ad a	5. SEX IS. DACE IT.
0	occurre ontribut ermined regular eased p	MALE WHITE WIDOWED DIVORCED 09-16-97   Get Diribdoy)   Maniha Days Haurs Min.
	direct or colline; (4) Under the was in the dece	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY)  done during most of working life, even if retired) HAAS TAILORING  AUDITING *EXECUTIVE COMPANY MARYLAND U.S.A.
	t d	13. FATHER'S NAME
Z	dire dire dire disp	WILLIAM G. HUNTER  NANNIE BERG  15. Was Deceased Ever in U. S. Armed Forces?   16. SOCIAL   17. INFORMANT
TAN	the d the d kind deat mee o final c	NO  NO  NO  NO  NO  NO  NO  NO  NO  NO
Ö	8 + 200 L	TIN. A A CALLER OF DEATHOR
MPORT	Iso of other sed	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  LEADING TO DEATH  LEADING TO DEATH
- -	oror dar bal	(This does not mean the mode of dying, e.g., heart failure, osthenia, etc. It means the disease, injury or complication which coused death.)
CTOR	5 - L 0 A	ANTECEDENT CAUSES (ALCI NOMO, ATA, UMS Sun
DIREC	dexalexalexalexalexalexalexalexalexalexal	DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stating the UNDERLYING CONDITION last.  (C) What intracely common mitages of the condition last.
AL	medical medical / burns; physicic an was remair	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
FUNER	chie y a Body the the rysici	19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION 20A AUTOPSY (Yes or No) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
H	by the spital by ure; (2) where (3) No phed befor	The CONTRIBUTION OF THE OWN OF THE OWN OF THE OWN OF THE OWN OWN OF THE OWN OWN OWN OWN OWN OWN OWN OWN OWN OWN
	nosp atur pt v (6)	DEATH (natify medical examiner)  21D.TIME (Manth) (Day) (Year) (Haw)  21E. INJURY OCCURED  While At   Nat While   Wark   Wark   Nat Wark   Wa
	he he ny ny ny ny ny ny ny ny ny ny ny ny ny	
	0,00	that (1) (we) lost saw the deceased alive on AUGUST 24 19 70 and that in the deceased alive on AUGUST 24 19 70 and that in the deceased alive of the deceased alive of the deceased alive on the deceased alive on the deceased alive of the decea
	ased to dent of spital death) nust be	ond hour and from the causes stated above. (4) (We) (did) (4)4) view the body after death.
	leased to leased to leased to leased to lease to	23B, DATE SIGNED
	musiceide a hos	Attending   Med.   Stoff   8/24/70
	ifficate my was rel (1) An acc 3.A. at a   d prior to	23C. PHYSICIAN'S DEGREE PHYSICIAN'S PHYSICIAN'S PHYSICIAN'S PERFECTO VALARAO MD 23D. ADDRESS STAGNES HOSPITAL WILKENS & CATON
	E + 0 0 -	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City. fawn, or county) (Stote)
		Burial 8/27/70 New Cathedral Baltimore Md.
	This certifue body shows: (1) was D.O. deceased written a	256. DATE REC'D BY HEALTH DEPT.  AUG 2 6 1970  258. NAME OF REGISTRAR  AUG 2 6 1970  ADDRESS  H. W. Jenkins & Sons Co. 1905 York Rd  VS 150-REV. 1/1/68
	1	VS 150-REV. 1/1/68

2000 J. W. L. 1996 (HENNE) 그것 같아. 스토스를 다른 등 대학(HENNE WEST 1997) = 1 1 00 1000

IMPORTANT DIRECTOR: FUNERAL

VS 150-REV. 1/1/68

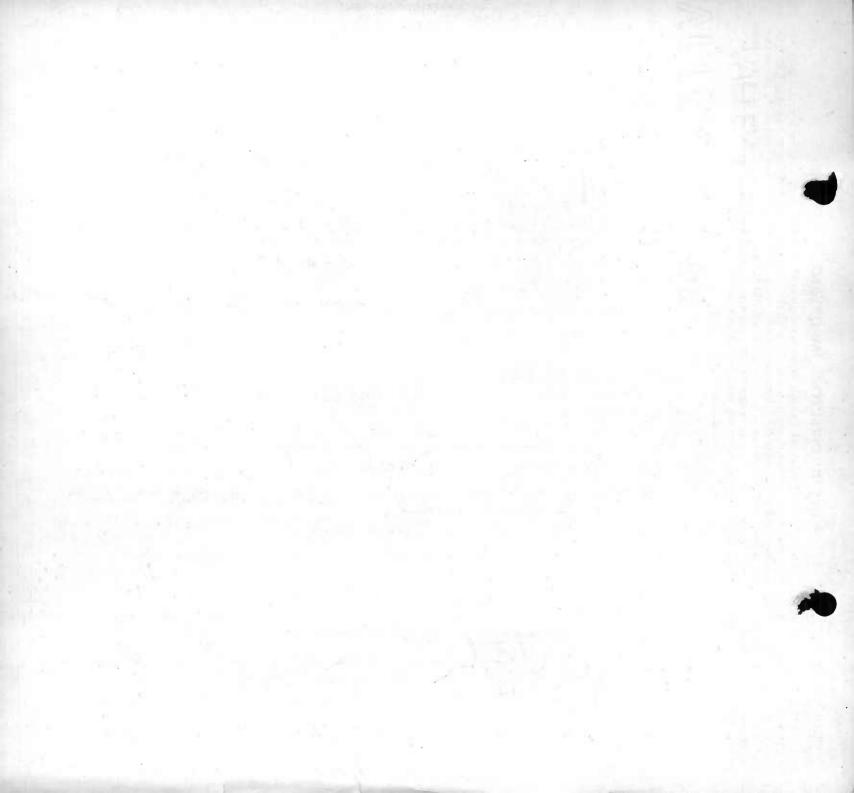
D. INSIDE CITY LIMITS? NO If Under 24 Hrs. If Under 1 Yr. Months: Days Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A ADDRESS BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimare City, give exact location) and that In (my) (aur) apinian death accurred an the date 23B, DATE SIGNED (City, tawn, or county) Md. ADDRESS York Rd



	/// 0/27	TE OF DEATH REG. NO. 70 8481
(I	Type or Print)	2. DATE AND HOUR OF DEATH  AUGUST 19, 1970 12:25/ 4. USUAL RESIDENCE (Where deceosed lived. If institution; residence before odmiss B. COUNTY
		MARYLAND  C. CITY OR TOWN  D. INSIDE CITY LIMITS?
	/// WILLIAM OF CAMPAN AND AND AND AND AND AND AND AND AND A	BALTIMORE YES NO NO NO NO NO NO NO NO NO NO NO NO NO
	FEMALE NEGRO WIDOWED DIVORCED D	DATE OF BIRTH  9. AGE (in yeers lost birthday)  O2 / OE / O2  Nenths Days Heurs Mir
1	OA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11.  one during most of working life, even if relired)  A bry em a icer and former.	MARYLAND  12. CITIZEN OF WHAT COUN  U.S.A.
	CHAMBER'S NAME	MOTHER'S MAIDEN NAME
15.	(es,ne or unknown) (If yes, give war or detes of service)  16. SOCIAL SECURITY NO.	ST.AGNES HSP., WILKENS & CATON AVE.
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (A)IMMEDIATE CAUSE  (This does not be a set of the	Severa A.S.C.V.P.
	(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES	
	DISEASES OR CONDITIONS, if any, giving rise to the above cause IA) stoting the UNDERLYING CONDITION last.  (C) Pyllo	nonla, consequence of: nepfiritis, cystitis
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
CERTIFIC	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	YES
CAL	OP CONTRIBUTING CAUCE OF INJURY 18 94 IN OF	r ebout 21 C. WHERE DID (If In Beltimore City, give exect lecetion)
ME	OF INJURY (Month) (Dey) (Yeer) (Hour) 21 & INJURY OCCURRED While At Net While Work At Werk	21F. HOW DID INJURY OCCUR?
	22. I certify that (I) (this hospital) attended the deceased fram	
	and hour and from the causes stated abave. (I) (We) (dld) (dld nat) view  23A. SIGNATURE  Attending Phys. Phys.	v the bady after death.  238, DATE SIGNED
	23C. PHYSICIAM'S NAME (Type)  A. SHAMS M.D.  23D.  STORES	ADDRESS T AGNES HOSP BALTO MD 21229
14/	A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CREMATE	Grown 24D, LOCATION (City, tewn, or ceunty) (Stote)
75	A DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAD	norther Playe 635n gram 5

at at an out H 422 II 4 4 II II 2 5 W . w - II on a II , w I T , w I I less of

VS 150-REV, 1/1/68



П	70	8483			8	ALTIMORE CITY HE	ALTH DEPA	RTMENT				
	10	0400	MED	DICAL	EX.	AMINER'S	CERTIFI	CATE OF	DEAT	н	70	8483
BI	RTH NO.									REG. NO.		
1. (Ty	NAME OF DI		L MAE	LIICV			2. DATE OF	Known 🔲	Month	Doy	Year	Hour
ļ.	DI A CE INI DI						DEATH	Estimoted 🗆				
	PLACE IN BA	ALTIMORE, MA					3. DATE	UNCED DEAD	Month	Doy	Yeor	Hour
HC	SPITAL	ADDR	ESS OR LOCA	TION)	INUITOR	N, GIVE STREET			8	22	1970	9:45
0	INSTITUTION	2627 N	. Hilt	on C+			5. USUAL R A. STATE	RESIDENCE (Where	dece osed li	ed. If Institution: B. COUNTY	residence be	elore odmission)
6.	SEX	17. RACE	. 111110		_		C CITY OF	Md.		18 10 10 10 10 10 10 10 10 10 10 10 10 10	10	08
				-	_	NEVER MARRIED	C. CITY OF			D. INSIDE CIT	A riwii23	
	Female	Neg		WIDOV		DIVORCED .		Balto.		YE	SEL	10 🗆
γ,	DATE OF BIR	1-10-4	10. AGE (H	n yeors	Months	r 1 Yr. If Under 24 Hrs. Doys , Hours , Min.	E. STREET	AND NUMBER				
70	TAROK	6-1913	5	6			2627	N. Hilto	n St.			
11.	BIRTHPLACE	(State or forely	gn country)			IZEN OF	13. FATHER	'S NAME	/			
1	RO;	おをナ	Vx		W	IAT COUNTRY?	·un	KNUNN				
14	JISHAL OCC	MPATION (GI	re kind of work	14B. KIND		SINESS OR INDUSTRY	15. MOTHE	R'S MAIDEN NA	AE			
GOU	eduring most of	working lite_er	en if relired)	.0.4	140	my em	10.	ECNIV	1			
<i>L</i>	1		II S APMED	EOPCES	2 113	7. SOCIAL	18. INFOR	MANIT	1.1.1	MAS		
(Y•	, ngor unknow	SED EVER IN	wor or doles	of service	1	SECURITY NO.	1/101	ANTROM	262	7 Hels	d-con S	+
	19.	11 11			11	CAUSE OF DEA				. /		ROXIMATE INTERV
	71	of the Section	J-OK	30	14					1.	BETWE	EN ONSET AND DE
	DISEA	SE OR COND		CTLY	1	Hypertensi	ve & ar	terioscle	rotic	cardiova	scular	disease
	(This does	not meon the		and a second		(A)IMMEDIATE C						
	heart tailur	re, osthenia, etc	. It meons the	disease.		DUE TO, OR A	S A CONSEQ	UENCE OF:				
	injury or co	empilication whi	ch coused dec	th.)								
	A	NTECEDENT	CAUSES			day.						
	DISEASES	OR CONDITION	ONS, IF ANY	, GIVING		(B) DUE TO, OR	AS A CONSE	QUENCE OF:				
	UNDERLYI	HE ABOVE CA ING CONDITI	USE (A) STAT	ING THE								
o						(c)						
CERTIFICATION	OTHER CICI		11	A 190401 19	11.10							
<u>o</u>	TO THE DE	NIFICANT CON	RELATED TO	THE TERM	INAL	carcinoma	: epile	psy; diab	etes m	ellitus		
삠	DISEASE O	RCONDITION	GIVEN IN PA	RT 1 (A)-						OZZZ CGO		
魠	ZUA. DATE O	F OPERATION	1 208. CON	IDMON	FOR WI	HCH OPERATION WA	S PERFORM	IED			21. AUTOP	SY? (Yes or No
7	7)										no	
3		RNAL CAUSE			22B. PLA	CE OF INJURY(e.g., rm, loctory, street, office	n or obout 2	2C. WHERE DID (	I In Baltimor	e City, give exact	t location)	
EDIC/		G∐OR CON' AUSE OF DEA			home, ta	rm, loctory, street, office	bldg., etc.) ii	MURY OCCUR?				
	22D. TIME		oy) (Year	) (Hour	) 22E.	INJURY OCCURRED	2	2F. HOW DID INJ	LIPY OCCI	D2		
	OF INJURY (APPROX.)		.,		WHI		WHILE -	11011 010 1143	OK! OCCU	KI		
	23.				m. WOR	IK AT W	ORK					
		tify that I h	.11		٦.							
				nquiry [		Spection XX Aut		and that on th	is basis,	death in my o	pinion	
	resul	Ited from: N	ateral case	TES X	Acci	dent Suicid	• 📙 Ho	micide 🔲 🐧	Indetermin	ed manner		
	ACTUAL			X	12	- A		CHIEF MEDICAL E	KAMINER			
	SIGNAT			1 Mai	Truck	ah 3 M.D.	ASSIS	STANT MEDICAL E	CAMINER	<b>C</b>	D	ATE SIGNED
	EXAMIN	VER'S	/					CIATE MEDICAL E	AMINED			
	NAME (		sidore	Miha	laki	s, M.D.	730	CIAIL MEDICAL E	WOTH VER			8-23-70
24/	BURIAL CRE	MATION. 12	48. DATE			NAME of CEMETERY	r CREMATO	RY   24D. L	OCATION	(City, town,		(State)
K	AOVAL (Spec		by/	0	1	-AMILY	Plus	173		TSVILL	-0"/	
25	.0,.,		/ //			11.7.						
434	. DATE KEC'D	BY HEALTH I	JEPI.	258. N	AME OF	REGISTRAR	125C. F	UNERAL DIRECTO	R	ADI	DRESS	

25C. FUNERAL DIRECTOR ADDRESS

markon Plologen 6353 9, mm

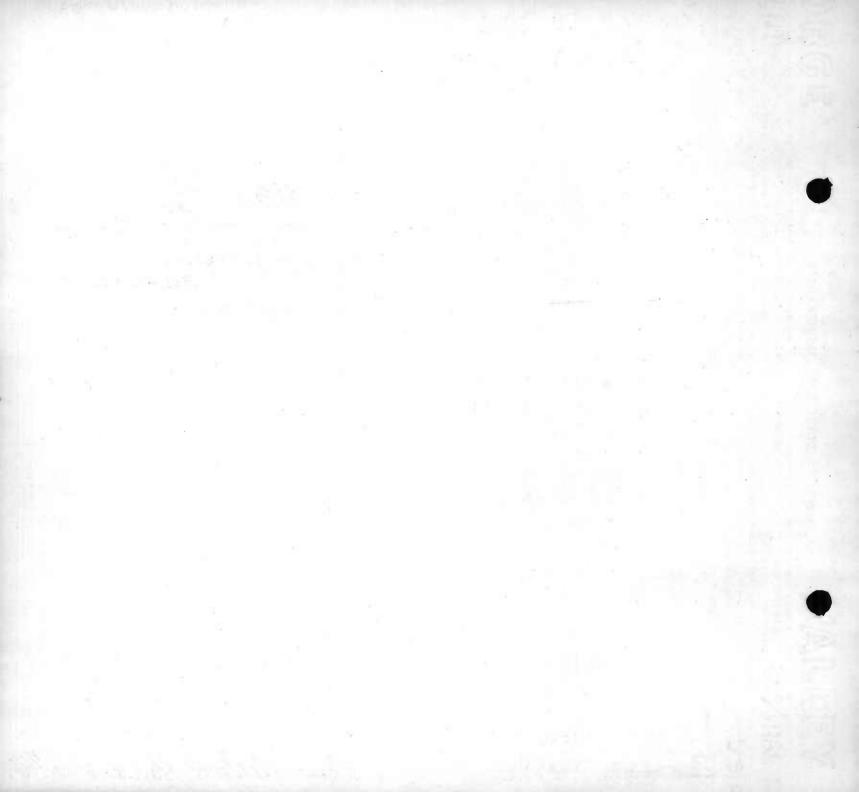
T. R. G.E. Faller MD.

VS 151-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

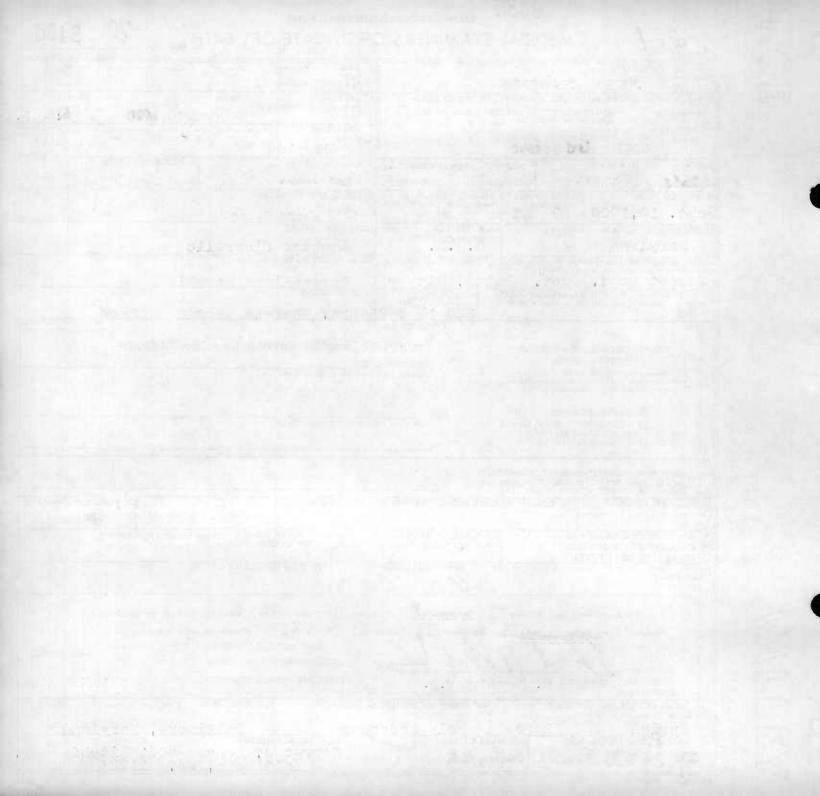
IMPORTANT DIRECTOR: FUNERAL

D. INSIDE CITY LIMITS? YES X NO If Under 1 Yr. If Under 24 Hrs. Months! Doys 12. CITIZEN OF WHAT COUNTRY? BELAIR, NIADPRESS 2/0/4 BETWEEN ONSET AND DEATH 20B. IF YES. WERE FINDINGS CONSIDERED (If in Boltimore City, give exact location) ....and that in(my) (aur) apinion death accurred an the date 23 B. DATE SIGNED



20	8485
	0400

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	LU 8485
BIRTH NO.	REG. NO.	
I. NAME OF DECEASED Leg	2. DATE Known Month Doy	Yeor Hour
JOSEPH PICARELLO	DEATH Estimated L	м.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	3. DATE Manth Doy PRONOUNCED DEAD	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	August 18,1970	
0.0	5. USUAL RESIDENCE (Where deceosed lived. If Institution: r A. STATE B. COUNTY	esidence belore admission)
3817 Third Street	Maryland	2057
6. SEX 7. RACE 8. MARRIED NEVER MARRIED		
Male White WIDOWED DIVORCED	Baltimore YES E. STREET AND NUMBER	U_ NO U
9. DATE OF BIRTH 10. AGE (In years last bigliday). See Manths Days Haurs Min.		
Sept. 10,1900 69 XX	3817 Third Street	
MAILAT COLLATIONS		
Maryland U.S. A.	Raphael Picarello	
done during masi of working life, even if reitred)		
Street Dept. Suptl. Balto. City 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 117. SOCIAL	Pasqualiana Carullo	RESS
(Yes, no or unknown) (if yes, give war or dates of service) SECURITY NO.		
No   220 14 090	5 Mrs. Theresa Martin S	APPROXIMATE INTERVAL
7/0/71		SETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Arterio	osclerotic cardiovascular dise <b>s</b>	se
(A)IMMEDIATE	CAUSE AS A CONSEQUENCE OF:	
heart failure, osthenia, etc. It means the disease, injury ar complication which caused death.)	Va V gourreature of	
ANTECEDENT CAUSES  (B)  DISEASES OF CONDITIONS IS ANY CIVING	AS A CONSEQUENCE OF:	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
Z ONDERTING CONDITION EAST. (C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED	1. AUTOPSY? (Yes ar Na)
Ö	12.1.0	
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.,	in ar about 22C. WHERE DID (if in Baltimare City, give exact	no location)
	in ar about 22C. WHERE DID (II in Baltimare City, give exact be bldg., etc.) INJURY OCCUR?	
2 22D. TIME (Month) (Day) (Year) (Hour) 22E, INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
OF INJURY WHILE AT NOT	T WHILE [	
23.	WORK L	
I certify that I held an Inquiry Inspection X Au	stopsy and that on this basis, death in my of	oinion
resulted from: Natural causes 🗵 Accident 🗌 , Suicident	de Homicide Undetermined manner	
1 1 1/1/1/	CHIEF MEDICAL EXAMINER	
SIGNATURE AND MEDICAL M.E.	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER	8/19/70
NAME (Type) Rotta Id N. ROTTID I dill, FI. D.		0/19/70
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, tawn, o	or caunty) (State)
Burial 8/22/70 Holy Rede	emer Baltimore. M	larvland
25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADD	RESS
AUG 26 1970 Robert E. Farber, K.A.	George J. Gonce 4001	Ritchie Hgy.
VS 151-REV, 1/1/68	Baltimore, Md. 21	665



IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68



	11-61	6		BALTIMORE CITY	HEALTH DEPARTMENT		
	TH NO.	70	8	487 CERTIFICA	TE OF DEATH	REG. NO.	70 8487
	pe or Print)	HARPET	2.	Viesley THE	DARE SO 2. DATE AN	122/70	. 2/5
3.	PLACE IN BAL	TIMORE MARYLAND, W	HERE PRO		4. USUAL RESIDENCE (Whe	re deceased lived. If in	stitution residence before admission)
FU	LL NAME OF	(IF NOT IN HOSPIT,	AL OR IN	STITUTION, GIVE STREET	Md B	alfringe	5300
IN:	NOITUTION	unch Howek	400)	ulel	DU N.DALK		DE CITY LIMITS?
	7 Bal	Etimore re	-/		E. STREET AND NUMBER		YES NO L
	00				2510 W.	Noodwell	ave 2/222.
5. 3	M	6. RACE	7. MARR	IED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH  5 / 3/1907	9. AGE (in years lost birthdoy)	Months Doys Hours Min.
IOA	USUAL OCCL	PATION (Give kind of work vorking life, even il relired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stote or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
	Emgine		Ro	ilroad.	Pennylos	2410	USA,
13.	FATHER'S NAM	AE	/		14. MOTHER'S MAIDEN NA		- 3///
		my Hayen			Valia /	Gelchell.	
15. Yes	Was Deceased	Ever in U. S. Armed Ford Of yes, give wor or dote:	es?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No			705-10-9418	HOSPITI	21.	
	1B.	5.91		CAUSE OF DEATH	1		APPROXIMATE INTERVAL
		E OR CONDITION DIR LEADING TO DEATH	ECTLY				BETWEEN ONSET AND DEATH
	(This does no	of meon the made of	dying.	(A) IMMEDIATE CAU	SE Mulanlahe' ( CONSEQUENCE OF:	ascinema	5 Moule.
	heart failure,	aslhenio, elc. It means plicotion which caused	the disec	ise,	CONSEQUENCE OF:	Con.	
	A	NTECEDENT CAUSES			0		
	DISEASES O	R CONDITIONS, if	ny, giv	ing DUE TO, OR AS	A CONSEQUENCE OF:		*************************
	UNDERLYING	above couse (A) CONDITION last.	sloling	the (C)			
		- 11		1			
A	IO THE DEATH DISEASE OR CO	CANT CONDITIONS CON BUT NOT RELATED TO THE PODITION GIVEN IN PART	E TERMIN.	AL ROUG	I failure.		24 lous,
RTIFIC	19A. DATE OF	OPERATION 198. CONE WAS PERF	NTION FO	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	208 IF YES, WERE F	INDINGS CONSIDERED
₹	21A. ACCIDEN OR CONTRIBUT DEATH (notify)	T WAS UNDERLYING THE CAUSE OF medical examiner		218 PLACE OF INJURY (e.g., in home, farm, factory, street, offi elc.)	or obout 21 C. WHERE DID	(If In Boltimore	City, give exact location)
MEDIC	21D.TIME OF INJURY	(Manth) (Doy) (Year)	(Houd)	21E INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
×	(APPROX.)			While AI Work  Not While  Not While			
	22. I certify t	hat (1) (this hospital)	attende	d the deceosed fram 2	120/70 1	9 to 8	122 1970
	that (I) (we)	ost saw the deceased	olive a	n 8/27	19 70 ond the	it In (pay) (our) opin	ion death accurred on the date
	ond hour and	from the causes state	d abave	(1) (W6) (dld) (dld fiot) vi	ew the bady after death.		
	23A. SIGNATUR	be maras	-00	1			23B DATE SIGNED
	O BUYELE A	-/-	MA	PATING DEGREE Phys.	ding Med.	Staff Phys.	8/22/74
	PHYSICIAN NAME (Ty	pe)		2:	3D. ADDRESS		
24A	BURIAL CREAT	ATION, 24B. DATE	lase	DEGREE			
7	REMOVAL (Sp	ecify) R-7/-7	A 24C	NAME OF CEMETERY OF CREA	2		(State)
25A	DATE REC'D	Y HEALTH DEPT.	SR NAM	E OF REGISTRAR	BA	LIMORE	Ma 21222
	AHG 26	1970 Page 6	Jan	Bey M.D.	LOWER DIRECTOR	Quadlers 1	Oliel DORES .
L=	60. PEV 1/1/6	INTO SOCIO		110	70		-



FUNERAL DIRECTOR: IMPORTANT

62-625 C .70 8488 BALTIMORE C	TTY HEALTH DEPARTMENT 70	8488
BIRTH NO. Grisson CERTIFIC	CATE OF DEATH REG. NO.	0,100
(Type or Print) GRISSOM, BENNIC L.	2. DATE AND HOUR OF DEATH	12.35 A.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. Il institution:	residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION	Maryland c. CITY OR TOWN D. INSIDE CITY	802
0 1/00	Baltimore YES X	
BALTIMORE CITY HOSPITALS 4940 Eastern Avenue Baltimore, raryland	E. STREET AND NUMBER	
5. SEX A 6. RACE 7. MARRIED NEVER MARRIED	T IS DATE OF BIRTH IN ACE (In	213 er 1 Yr., If Under 24 Hrs.
ale Negro WIDOWED DIVORCED	8-20-1901 lest bithdey) Months	Deys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST done during most of working life, even if tetired)	RY 11. BIRTHPLACE (State or loreign Country) 12. CIT	ZEN OF WHAT COUNTRY
Carpenter	North Conclina	TT S A
13. FATHER'S NAME	14 Mother S Malben Name	U-S-A-
Bennis Grissom	Mollie	
5. Wes Deceased Ever in U. S. Armed Ferces? Yes, ne or unknewn) (If yes, give wer er deles ef service) SECURITY NO.	17. INFORMANT 4940 Eastern Aven	ADDRESS
No 241-26-4761	BCH: Records Baltimore, Maryla	
18. CAUSE OF DE	ATH (1)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Cardiofulmonary arrest	5 min
(This does not meen the made of dying, e.g.,  DUE TO, OR	AS A CONSEQUENCE OF:	
heart failure, asthenia, etc. It means the disease, injury ar complication which caused death.)	1 0	
ANTECEDENT CAUSES	heral Vascular Collapse	36 hour
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	AS A CONSEQUENCE OF:	λ
UNDERLYING CONDITION last. (C)	Frederica	day.
	0 0 0	<u> </u>
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Brouch	opneuma & I Alceding	day.
	[20A-AUTOPSY? (Yes of No.)] 208, IF YES, WERE FINDINGS	CONCIDENT
19A-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED	20A- AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF	DEATH?
OR CONTRIBUTING CAUSE OF home, form, fectory, street,	p, in or ebout 21 C. WHERE DID (If In Boltimere City, give ellice bidg., INJURY OCCUR?	e exoct location)
	parameter .	
S OF INJURY	21F. HOW DID INJURY OCCUR?	
Werk At We	ik 🗆	
22. I certify that (t) (this haspital) attended the deceased fram	8/21 19 70 to 8/23	19
that (1) (we) last saw the deceased alive on 23	19 oand that In (My) (our) opinion dea	h occurred on the date
and haur and from the causes stated above. (1) (We) (did) (did not)		U
To the privile	The state of the s	e signed
23C.PHYSICIAN'S	hys.    Directer    Phys.	123/0.
NAME (Type) JAMES K. H. YEUNG	23D. ADDRESS Stimme City Hoshit	els, 21224
/ / FULD 0550		. Maryland
24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY of C		r countyl (State)
SA. DATE RECO BY HEALTH DEPT. 258 NAME FOR RECISTRAL	RIPE/CANTY LAGIESIde, No C	ADDRESS
AUG 2 6 1970 To 255 NEMERS DEGISTALD	Ray 1010 Parl 21218	ADDRESS
/S 150-REV. 1/1/68	VIEWWARDING WALLESTE.	Oliven St

12 10 10 10

PERSONAL PROPERTY.

New years and the second of th

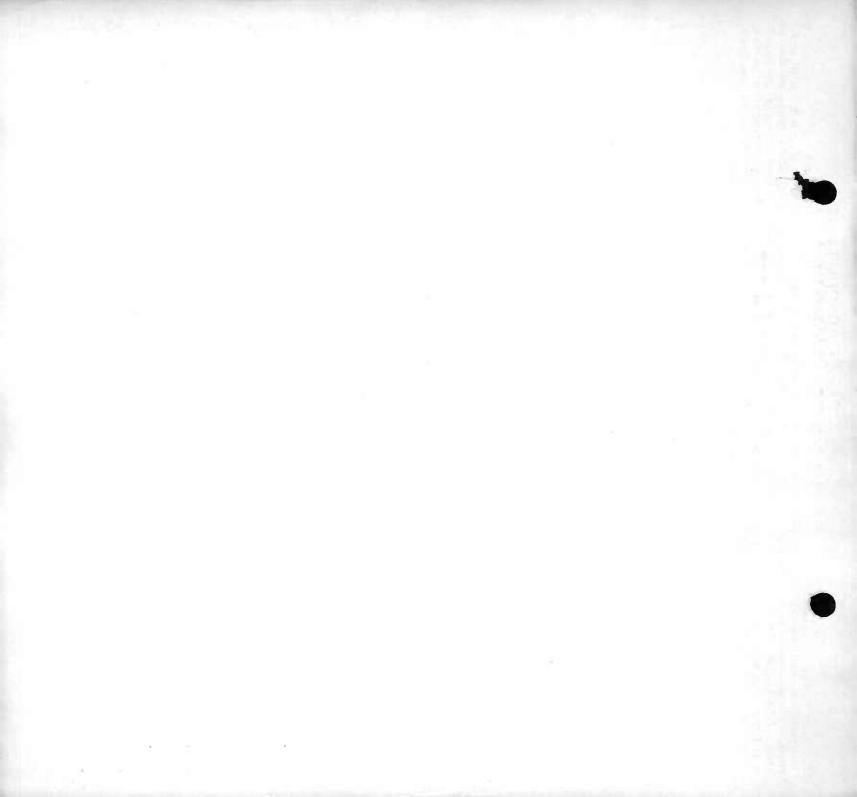
600 C

1	M-624 70 8		HEALTH DEPARTMENT		70 0480
-	RTH NO.	CERTIFICA	TE OF DEATH	REG. NO	.70 8403
	THE OF DECEASED ARMANO CHAR	trokhu		AND HOUR OF DEATH	
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PI		4. USUAL RESIDENCE (	Where deceased lived, If i	nstitution: residence before admission
FU	JLL NAME OF (IF NOT IN HOSPITAL OR I OSPITAL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	MARYLA	01411	806
IN	STITUTION ADDRESS OR LOCATION) THE JOHNS HOPKINS HOS		C. CITY OR TOWN		SIDE CITY LIMITS?
4	7 /	PETIAL	BALTIMOR E. STREET AND NUMBE	E	YES NO .
	BALTIMORE, MD 21205			BOND STREET	
5. 1	SEX 6. RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr., If Under 24 Hrs. Months; Doys Hours; Min.
OÁ	MALE NEGRO WIDO  LUSUAL OCCUPATION (Give kind of work 10B, KIN	WED DIVORCED	02-14-00	70	
lon	re defined most of working tire, event it tellised)		II. BIKIHPLACE (Stole or	loreign country)	12. CITIZEN OF WHAT COUNTR
3.	UANIGO P	ness Co.	HOWRED (	o. Md.	U.S.A.
,			MOTHER'S MAIDEN!	AVINE	
لل 5. ا	OSEPH MARSHALL Was Deceased Ever In U. S. Armed Forces? s,no or unknown) (If yes, give wor or dotes of sen	1 6. SOCIAL	ALMA JENSEI	N .	ADDRESS
	An	059-07-8483	Was Asil.	dua Maria	
1	18.	CAUSE OF DEATH	14/5, CATKER	INC MARS	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH			٨.	BETWEEN ONSET AND DEATH
	(This does not mean the made of dying	e.g., (A) IMMEDIATE CAU	SE CONSEQUENCE OF:	matiosus	
	hearl failure, asthenia, etc. It means the disc injury or camplication which caused deoth.)	ease,	CONSEQUENCE OF:	A	
	ANTECEDENT CAUSES	(B)	la of C	alon	
	DISEASES OR CONDITIONS, it any, gi rise to the above cause (A) stoling	ving DUE TO, OR AS	A CONSEQUENCE OF:		***************************************
	UNDERLYING CONDITION last.	(C)			***************************************
2	OTHER SIGNIFICANT CONDITIONS CONTRIBUTE	NC 0 10	- L .	· · · · · · · · · · · · · · · · · · ·	
7	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	NAL MECTAL	Bleeding	**	
CEKIIFIC	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or	Nol 208, IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
2	21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., in	Jes Jes		
2	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	home, form, foctory, street, olfi	ce bldg. INJURY OCCUR?	(If In Bolttmor	e City, give exact lacation)
5	21 D-TIME (Month) (Dov) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID I	NIURY OCCUR?	
	OF INJURY (APPROX.)	While At Not While At Work			
	22. I certify that (1) (this hospital) attend		7/23	19 0 to	8/22 19 70
	that (!) (we) lost sow the deceased alive	an 8/22	19 70 and		nian death accurred an the date
	and haur and from the causes stated abov	e. (1) (We) (did) (did nat) vi	ew the bady after death	10	an industry
1	23A SIGNATURE	Q Affen		LEWIS D.	238, DATE SIGNED
	23C. PHYSICIAN'S	DEGREE Phys.	Director L	Shaff Phys.	8/22/70
	NAME (Type)	2.5	D. ADDRESS		
(A.	BURIAL CREMATION, 248, DATE 240 REMOVAL (Specify)	M.D. DEGREE		LOPKINS HOSP	Y, town, or county) (State)
10	BUSIAL R-21-MA L	1		)/	Min or coomy (state)
5A.	DATE REC'D BY HEALTH DEPT. 258, NAM		25C. FUNERAL DIRECTO	POUTUS,	ADDRESS
		Bey M.D.	Kandaloh )	Certler K 24	3/8. Oliver &
a I	50-REV. 1/1/68		0 0		

1	1-620		849				05.			BIO.	.00
BI	RTH NO.	MED	ICAL	EXAMINER'S	LEKIIFI	CATE	OF I	DEAT	H REG. NO	70	8490
	NAME OF DECEASED pe or Print) CA	THERINE	DORS	EY	2. DATE OF DEATH	Known	_	Month	Dey	Year	Hour
FU	PLACE IN BALTIMORE, I	OT IN HOSPITA	LORINST	ONOUNCED DEAD	3. DATE	UNCED DE		Manth	Doy	Yeor	Hour M.
OR	INSTITUTION	nt Hospi	ION)		5. USUAL R	Md.	(Where d	8 eceosed II	22 ved. If Instituti B. COUNTY	1970	5:50 P. <sub>M.</sub>
6.	SEX 7. RACE			ED NEVER MARRIED	C. CITY OF				D. INSIDE	CITY LIMITS?	70
	Female Neg		WIDOW		I I	Balto.				677	
9. 1	Apr 4.190	10. AGE (In last birthday		If Under 1 Yr. II Under 24 Hrs. Months Days s Haurs s Min.		Robert				TES [_]	ио Ц
11.	Richmond	eign country)		2. CITIZEN OF WHAT COUNTRY?	13. FATHER			^	7000	las	
I4A don	during most of working life.	even #retired}	48. KIND	OF BUSINESS OR INDUSTRY	15. MOTHE	eph.	NAME	G	lago	nen	
16. (Ye:	WAS DECEASED EVER II	V U.S. ARMED	FORCES service)	7 17. SOCIAL SECURITY NO.	18. INFOR	WANT	Ne		-431	ADDRESS	
L CERTIFICATION	DISEASE OR CON LEADING (This does not mean the heart latiture, osthenia, e injury or complication w  ANTECEDEN DISEASES OR CONDIT RISE TO THE ABOVE C UNDERLYING CONDITION OTHER SIGNIFICANT CC TO THE DEATH BUT NO DISEASE OR CONDITION 200A. DATE OF OPERATION	IDMON DIRECTO DEATH  o mode of dyle  the lit means the chick coused deal  IT CAUSES  TIONS, IF ANY,  AUSE (A) STATI  TION LAST.  IT  ONDITIONS COLO  TO RELATED TO TO  N GIVEN IN PAR	GIVING NG THE	(a) IMMEDIATE CONTROL OF A	AUSE S A CONSEQ AS A CONSEC	UENCE OF		fotic	cardio	21. AUTOF	EN ONSET AND DEATH AT disease
O	22A. EXTERNAL CAUSE UNDERLYING ☐ OR COL	VTRIB-	2 h	28. PLACE OF INJURY (e.g., ome, form, lactory, street, office	n or about 2 bidg., etc.) if	2C. WHERE	DID (If I	Baltimor	City, give ex	no not location)	
MEDI	UTING CAUSE OF DE 22D. TIME (Month) OF INJURY (APPROX.)	ATH. (Doy) (Year)	(Hour)		WHILE -	2F. HOW DI	D INJUI	Y OCCU	R?		
	actual SIGNATURE EXAMINER'S	Netural cause	July C	Inspection  Aut Accident  Suicide  Suicide  M.D.	PPSY Ho	and that micide  HIEF MEDIC TANT MEDIC	Und CAL EXA CAL EXA	determin MINER MINER	leath In my		DATE SIGNED
24A REA	NAME (Type)  BURIAL CREMATION,  OVAL (Specify)	24B. DATE	e Mir	alakis, M.D.	CREMATO	RY	24D. LO			n, or county)	8-23-70 (Stote)
	BUTIAL DATE REC'D BY HEALTH	8-27. DEPT.	- 10 258. NA	MH HUBUCY ME OF REGISTRAR		UNERAL DIR		spirate		DDRESS	19
A	UG 26 1970 5	Best E.			1 4			Rus			lorth Ava

FUNERAL DIRECTOR: IMPORTANT

カースクハ	BALTIMORE CITY	HEALTH DEPARTMENT	20
BIRTH NO.	Q4 CERTIFICA	TE OF DEATH Registered No.	/U 8491
M.E. CASE NO.	01	2, DATE AND HOUR OF DEATH	
(Type or Print) la (1) John	11-12	0 / 4 /	21001
Nill Our Y	netz	0/25/197	
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	0	4. USUAL RESIDENCE (Where deceased lived. II in A. STATE B. COUNTY:	stilution; residence before admission
FULL NAME OF (If not in hospital or institu	tion are steet	MID. Ra Sto.	5.3-00
HOSPITAL OR oddress or location)	give silver	C. CITY OR TOWN (If outside city limits, write I	RURAL and give township)
INSTITUTION		2001	
Maryland Fee	a ral HOSP	D. STREET ADDRESS (If rural, give location)	
Mary land 400		T T	A
	,	1103 forrest	Ave.
5. SEX 6. RACE 7. MAI	OWED, DIVORCED (specily)	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs Months: Doys Hours Min.
VI In I I I I	rried	3/23/1903 67	
DA. USUAL OCCUPATION (Give kind of work 10 BCKIN			112. CITIZEN OF
done during most of working life, even if retired)	1 1 0 0		WHAT COUNTRY?
Ret. Plasterer		MD.	N.S./4.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
T 1. TT			
John Henry Dietz		Katherine Ann McKend	rv
5. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (If yes, give war or dates all sen	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
n T	212-07-4967	No William Coite 1551	2,1,212
IVO I			
18.4/	CAUSE O	FDEATH	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY			
LEADING TO DEATH	(A) QC	Ite MI	400
"This does not mean the made of dying,		**************************************	
hearl failure, osthenio, etc. It meons the dis injury or complication which caused deoth.)	ease,	0	U
	In Dr	Imonary esem	a
ANTECEDENT CAUSES	DUE TO		
DISEASES OR CONDITIONS, if any, g	iving	11 0 1	
rise to the obove cause (A) stating	The (C) OL	Bliofenic Dro	
UNDERLYING CONDITION last.			
		0	
OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING		
TO THE DEATH BUT NOT RELATED TO	O THE		
U 19 A. DATE OF OPERATION 198. CONDITION		20 A. AUTOPST (Yes of No) 208. IF YES, WERE	FINDINGS CONSIDERED
WAS PERFORMED		IN CERTIFYING CA	USES OF DEATH?
U 21 A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in	or chart 21C WHERE DID (If in Baltimore	City, give exact location)
, OR CONTRIBUTING CAUSE OF	home, larm, factory, street, of	fice bldg., INJURY OCCUR?	city, give exoci loconon)
DEATH (notily medical examiner)	etc.)		
Q 21 D. TIME (Month) (Day) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY	While At Not While		
(APPROX)	Work At Work		C) /
22. I certify that (I) (this haspital) attend	ded the deceased from	8/54 19 70 to	0/25 19 70
	6/		
that (1) (we) last saw the deceased alive	an Oph	19 70 , and that in(my) (aur) api	nian death accurred an the da
and haur and fram the causes stated aba	ve. (I) (We) (did) (d <del>id not) v</del>	iew the bady after death.	
23A. SIGNATURE	1.0/		23 B. DATE SIGNED
111111	C/ CLM.D. Atte	ending Med. Stoff	250 04110
11/1000000	Phy.	ending Med. Staff Staff Phys.	25.
23C. PHYSICIAN'S		23D. ADDRESS	1
NAME (Type)	4.5		
	M.D.		
24A. BURIAL CREMATION, 24B. DATE 2	4C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION (Ci	ty, town, or county) (State)
REMOVAL (Specify)		84-4	
Burial 8-28-70	Moreland Mem	orial Cem. Balto. Mc	1.
25A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
AUG 26 1970 Vale & E. Va	Ber M.D.	Leonard J Auck Inc Ba	alto. Md. 21214
VS 150-REV. 1/1/65	7,012		
73 130-REV. 1/1/03			

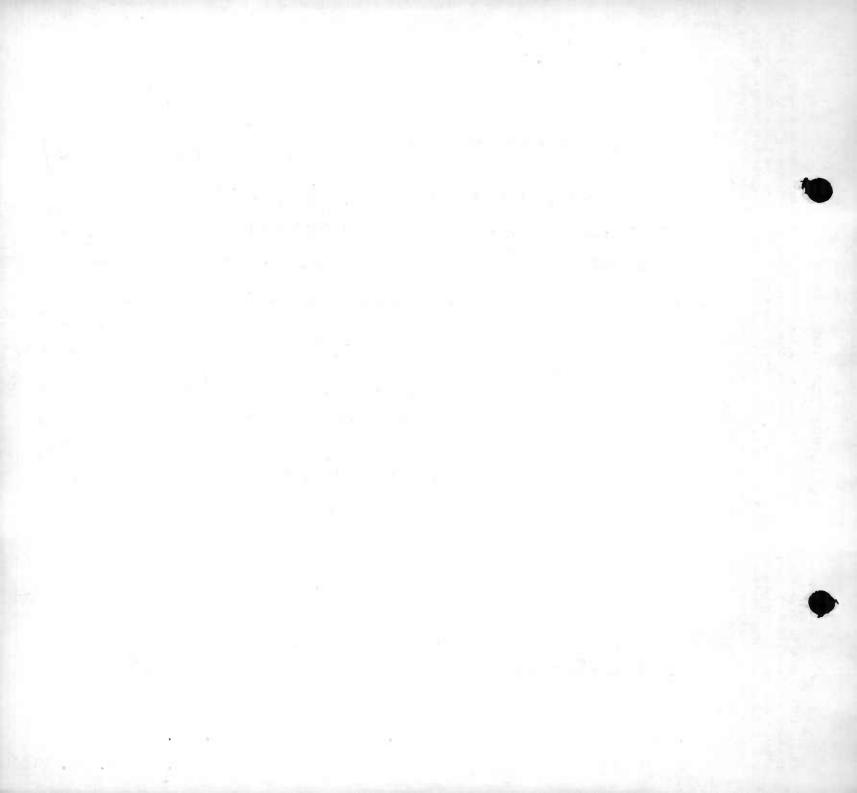


I.NAME OF DECEASED	0.400	
I. NAME OF DECEASED	8492 CERTIFIC	CATE OF DEATH X REG. NO. 70 8492
		2. DATE AND HOUR OF DEATH
(Type or Print)  MARY A. CO	OTE	8-25-70   7:25 A
3. PLACE IN BALTIMORE, MARYLAND,	WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE IWhere deceased lived. Il institution: residence before admiss
	PITAL OR INSTITUTION, GIVE STREET	Maryland Balts G 5:3-00
MERCY HOSPIT	TA T	C. CITY OR TOWN D. INSIDE CITY LIMITS?
THE THOU I TOUR IT	rwT)	Baltimore YES NO
3/		6707 Old Harford Rd.
S. SEX 6. RACE	7. MARRIED NEVER MARRIED	8. DATE OF SIRTH 9. AGE (In years   II linder 1 V. II linder 24
F	WIDOWED DIVORCED	7-7-06   lost birthday) 6/4   Months Day's Haurs Min
OA. USUAL OCCUPATION (Give kind of wa one during most of working life, even if retired)	ork 108. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or lareign country) 12. CITIZEN OF WHAT COUN
Housewife	<b>'</b>	
3. FATHER'S NAME		Maryland USA
John T Gordon		
Was Decembed Even in 11 C A. J. E.	orces? 16. SOCIAL	Theresa Milski
es, no or unknown) (II yes, give war ar da	security No.	
No	A 1100 65	Larl J Cote 6706 Old Harford Rd. 2
4.10.1	CAUSE OF DE	ATH APPROXIMATE INTERVA
DISEASE OR CONDITION D	OIRECTLY	Pai n A
(This does not mean the made a	dving a (A) IMMEDIATE	CAUSE Carallar fament AS A CONSEQUENCE OF:
heal lailure, asthenia, etc. It means injury ar complication which cause	s the disease	AS A CONSEQUENCE OF:
ANTECEDENT CAUSE		1 Muse di a
DISEASES OR CONDITIONS, if	(B) DUE TO OR	AS A CONSEQUENCE OF:
rise to the above cause (A)	staling the	CUT
UNDERLYING CONDITION lost	(c) / 🗸	
OTHER SIGNIFICANT CONDITIONS CO	ONITOIDIATING	
OTHER SIGNIFICANT CONDITIONS CO	THE TERMINAL	
OTHER SIGNIFICANT CONDITIONS CO	THE TERMINAL RT 1 (A). NOTION FOR WHICH OPERATION	120A. ALITOPSYZ (Yes, or No)  20B. IF we were
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN PAI 19A. DATE OF OPERATION 198. CON WAS PER	THE TERMINAL RT 1 (A).  NOTION FOR WHICH OPERATION REFORMED	20A-AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION GIVEN IN PAI 19A. DATE OF OPERATION 198. CON WAS PER	THE TERMINAL RI 1 (A). NOTION FOR WHICH OPERATION REFORMED    218 PLACE OF INJURY (c)	The in or about 21C WHESE DID
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN PAI 19A-DATE OF OPERATION 198 CON WAS PER 21A-ACCIDENT WAS UNDERLYING	THE TERMINAL RI 1 (A). NOTION FOR WHICH OPERATION REFORMED    218 PLACE OF INJURY (c)	
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION GIVEN IN PAI  19A-DATE OF OPERATION 198. CON WAS PER  21A-ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (naily medical exominer)	THE TERMINAL RI 1 (A).  NDITION FOR WHICH OPERATION  PROPRIED  218. PLACE OF INJURY (e. home, form, foctory, sheet, etc.)	olfice bidg. INJURY OCCUR? (If In Boltimore City, give exact location)
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION GIVEN IN PAI  19A-DATE OF OPERATION 198. CON WAS PER  21A-ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (naily medical exominer)	THE TERMINAL RI 1 (A).  NDITION FOR WHICH OPERATION  21B. PLACE OF INJURY (e. home, form, foctory, street, etc.)  (Hour) 21E. INJURY OCCURRED While At   Not W	office bldg. NJURY OCCUR?  [If In Boltimore City, give exact locotion]
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OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION GIVEN IN PAI 19A-DATE OF OPERATION 19R CON WAS PER 21A-ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) OF INJURY (APPROX.) 22. 1 certify that (1) (this hospital that (1) (we) last saw the decease	THE TERMINAL RT 1 (A).  NOTION FOR WHICH OPERATION  21B. PLACE OF INJURY (e. home, form, foctory, street, etc.)  (Hour)  21E. INJURY OCCURRED  While At Not Work  Not Work  At	/hile   24 / Jugust 19 20 to 25 / Jugust 19 20 and that in (my) apinion death accurred an the de
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION GIVEN IN PAI  19A.DATE OF OPERATION 198. CON WAS PER  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical exominet)  21D.TIME (Month) (Day) (Year) OF INJURY (APPROX.)  22. I certify that (I) (this hospita that (I) (we) last saw the decease and haur and fram the causes star	THE TERMINAL RT 1 (A).  NOTION FOR WHICH OPERATION  21B. PLACE OF INJURY (e. home, form, foctory, street, etc.)  (Hour)  21E. INJURY OCCURRED  While At Not Work  Not Work  At	/hile   24 / Jugust 19 20 to 25 / Jugust 19 20 and that in (my) apinion death accurred an the de
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION GIVEN IN PAI 19A-DATE OF OPERATION 19R CON WAS PER 21A-ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet) 21D. TIME (Month) (Day) (Year) OF INJURY (APPROX.)  22. 1 certify that (1) (this hospital that (1) (we) last saw the decease	THE TERMINAL RT 1 (A).  NDITION FOR WHICH OPERATION  21B, PLACE OF INJURY (e. home, form, foctory, street, etc.)  (Hour) 21E INJURY OCCURRED  While At Not Work  1) attended the deceased from ed alive an 25 10 11 11 11 11 11 11 11 11 11 11 11 11	21F. HOW DID INJURY OCCUR?    A continuous of the continuous of th
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION GIVEN IN PAI 19A.DATE OF OPERATION 178 CON WAS PER 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer) 21D.TIME (Month) (Day) (Year) OF INJURY (APPROX.) 22. 1 certify that (1) (this hospital that (1) (we) last saw the decease and haur and fram the causes star 23A. SIGNATURE	THE TERMINAL RT 1 (A).  NDITION FOR WHICH OPERATION  21B, PLACE OF INJURY (e. home, form, foctory, street, etc.)  (Hour) 21E INJURY OCCURRED While At Not Work At Work  1) attended the deceased from ed alive an 25 / 2 (did) (did not feed abave. (1) (We) (did) (did) (did not feed abave. (1) (We) (did) (did not feed abave. (1) (We) (did) (did not feed aba	win or about 21C. WHERE DID (If In Boltimore City, give exact locotion)  21F. HOW DID INJURY OCCUR?  (hile   24   August 19 20 ta 25   August 19 20 and that in (my) apinian death accurred an the do ) view the bady after death.
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION GIVEN IN PAI 19A. DATE OF OPERATION 198. CON WAS PER 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) OF INJURY (APPROX.I  22. I certify that (I) (this hospital that (I) (we) last saw the decease and haur and fram the causes star 23A. SIGNATURE	THE TERMINAL RT 1 (A).  NOTION FOR WHICH OPERATION  21B, PLACE OF INJURY (e. home, form, foctory, street, etc.)  (Hour) 21E, INJURY OCCURRED  While At Not Work  Not Work  At	win or about 21C. WHERE DID (If In Boltimore City, give exact location)  21F. HOW DID INJURY OCCUR?  (hile 24 August 19 70 ta 25 August 19 70 and that in (my) apinian death accurred an the do view the bady after death.
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OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION GIVEN IN PAIL 19A-DATE OF OPERATION 198. CON WAS PER 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet) 21D. TIME (Month) (Day) (Year) OF INJURY (APPROX.I  22. I certify that (I) (this hospital that (I) (we) last saw the decease and haur and fram the causes state 23A. SIGNATURE 23C. PHYSICIAN'S NAME 17ype) James A. OTHER	THE TERMINAL RT 1 (A).  NDITION FOR WHICH OPERATION  21B, PLACE OF INJURY (e. home, form, foctory, street, etc.)  (Hour) 21E INJURY OCCURRED While At Not Work At Work  1) attended the deceased from ed alive an 25 / 2 (did) (did not feed abave. (1) (We) (did) (did) (did not feed abave. (1) (We) (did) (did not feed abave. (1) (We) (did) (did not feed aba	win or about 21C. WHERE DID (If In Boltimore City, give exact locotion)  21F. HOW DID INJURY OCCUR?  Thile 24 Player 19 20 to 25 Payer 19 20  and that in (my) apinian death accurred on the do  view the body after death.  Attending Med. Shaff Phys. 23B. DATE SIGNED  23D. ADDRESS  Mercy Hospital
OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONDITION OF THE DEATH BUT NOT RELATED TO TO THE DEATH BUT NOT RELATED TO THE DEATH OF OPERATION 198. CONDITION GIVEN IN PAIR 199. CONDITION OF CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING OF CAUSE OF DEATH (notify medical examiner)  21A. TIME (Month) (Day) (Year)  OF INJURY (APPROX.)  22. I certify that (I) (this hospital that (I) (we) last saw the decease and haur and fram the causes stated and haur and	THE TERMINAL RI 1 (A).  NDITION FOR WHICH OPERATION  21B. PLACE OF INJURY (e. home. form, foctory, sheet, etc.)  (Hour)  21E. INJURY OCCURRED While At Work  At Wore  At Work  At Work  At Work  At Work  At Work  At Work  At Work	win or about 21C. WHERE DID (If In Boltimore City, give exact location)  21F. HOW DID INJURY OCCUR?  Thile 24 August 19 20 to 25 August 19 20  and that in (my) apinian death accurred an the do view the bady after death.  Attending Med. Director Phys. 23R. DATE SIGNED 8-25-70  23D. ADDRESS  Mercy Hospital  CREMATORY 24D. LOCATION (City, town, or county) (State)
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO TO TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION GIVEN IN PAI  19A. DATE OF OPERATION 19R CON WAS PER  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer)  21D. TIME (Month) (Day) (Year) OF INJURY (APPROX.)  22. I certify that (I) (this hospital that (I) (we) last saw the decease and haur and fram the causes star  23A. SIGNATURE  22C. PHYSICIAN'S NAME IType)  A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)  Burial  9-28-	THE TERMINAL RIL 1 (A).  NDITION FOR WHICH OPERATION  21B, PLACE OF INJURY (e. home, form, foctory, street, etc.)  (Hour) 21E INJURY OCCURRED While At Not Work At Work  1) attended the deceased from ed alive on 25 0 attended the deceased from the	win or about 21C. WHERE DID (If In Boltimore City, give exact location)  21F. HOW DID INJURY OCCUR?  Thile   24
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO TO TO THE DEATH BUT NOT RELATED TO TO TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION GIVEN IN PAI  19A. DATE OF OPERATION 19R CON WAS PER  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical exominer)  21D. TIME (Month) (Day) (Year) OF INJURY (APPROX.)  22. I certify that (I) (this hospital that (I) (we) last saw the decease and haur and from the causes star 23A. SIGNATURE  22C. PHYSICIAN'S NAME IType)  A. BURIAL CREMATION, 24B. DATE BUTIAL  BUTIAL  A. DATE REC'D BY HEALTH DEPT.	THE TERMINAL RIL 1 (A).  NDITION FOR WHICH OPERATION  21B. PLACE OF INJURY (e. home, form, foctory, sheet, etc.)  (Hour)  21E. INJURY OCCURRED  While At Not Work  At Work  Not Work  At Work  At Work  Not Work  At Work	win or about 21C. WHERE DID (If In Boltimore City, give exact location)  21F. HOW DID INJURY OCCUR?  Thile 24 August 19 20 to 25 August 19 20  and that in (my) apinian death accurred an the do view the bady after death.  Attending Med. Director Phys. 23R. DATE SIGNED 8-25-70  23D. ADDRESS  Mercy Hospital  CREMATORY 24D. LOCATION (City, town, or county) (State)



VS 150-REV. 1/1/65

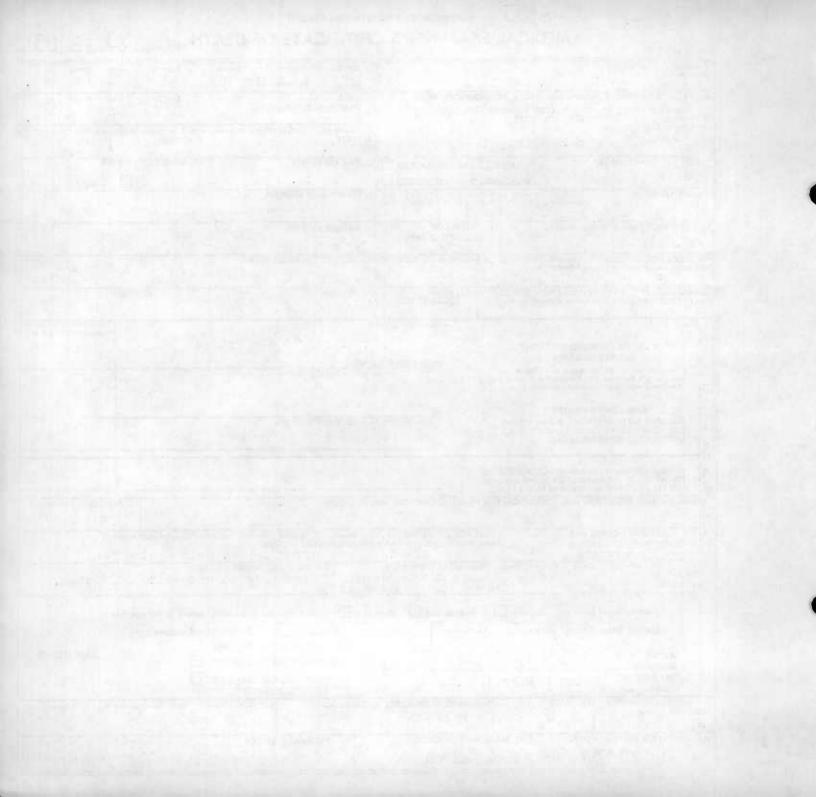
BALTIMORE CITY HEALTH DEPARTMENT

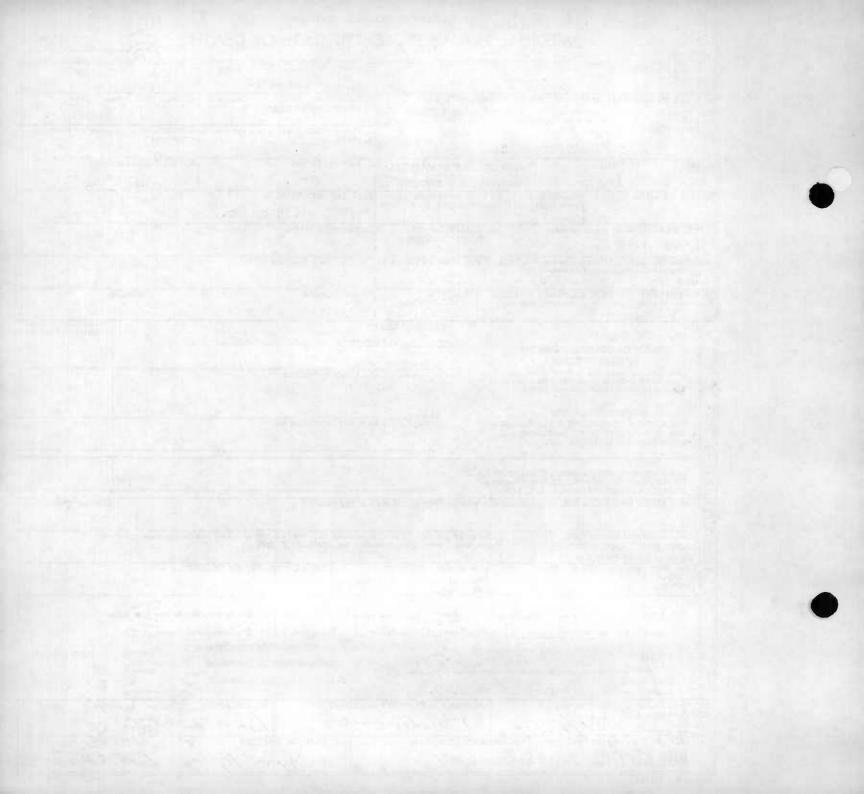


	11-411	200			Y HEALTH DEPARTMENT	REG. NO.	70 0.0	
В	NAME OF DECE	/U	845	14 CERTIFICA	TE OF DEATH	REG. NO	849	4
	ype or Printl	ANNA	Μ.	ALBRIG		OUR OF DEATH		
3.	PLACE IN BALT	IMORE MARYLAND		OUNCED DEAD.		5, 1970	121	30 A M.
	CERTI	FIL A LE	AW	IF NDFD	4. USUAL RESIDENCE (Where de	sceosed lived. II in:	illution: sesidence be	lore admission)
H	IOSPITAL OR	ADDRESS OR LOC	TAL OR INST	9-8-70	Maryland c. CITY OR TOWN		7-	06
1		1503 E.	22.3	, - 1 -	Baltimore	D. INSI	DE CITY LIMITS?	
	00	1503 E.	33rd	St.	E. STREET AND NUMBER		YES X NO	
	00				1503 E. 33rd S	St.		
H		6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH 9. A	GE (In yours birthday)	If Under 1 Yr. II Months Days Ho	Under 24 Hrs.
	female	caucasian	WIDOWEL	DIVORCED [	1 JULY 27. 18XU	27	Months Days Ho	uis Min.
1		Arminia and a sail is smilled.	CONTA	ctionery &	11. BIRTHPLACE (State or leigh c		12. CITIZEN OF WH	AT COUNTRY?
		ployed:ret	ail	tovs	Baltimore, Md.		USA	
13.	FATHER'S NAM	-			14. MOTHER'S MAIDEN NAME		1	
L		les Hamme			Margaret Beh	າຕ		
15. (Ye	Wes Deceased E	ver in U. S. Armod Fe	es of service)	SECURITY NO.	17. INFORMANT Mr. Joseph V. A.	There's also	ADDRESS	
	no			218-32-0350	Phrased = Wired	Torigur	+ 1500 F	00 1 -
Г	18.	XI		CAUSE OF DEAT		Attiteg	APPROXIM.	ATE INTERVAL
	DISEASE	OR CONDITION DI	RECTLY		In to	0	SETWEEN ON	SET AND DEATH
	(This does not	EADING TO DEATH	duine e-	(A) IMMEDIATE CAL		trams	skin 2	TIME
	i negri jailure, a:	sthenio, etc. It means lication which caused	the dienace	DUE TO, OR AS	A CONSEQUENCE OF:	7	*********	
		NTECEDENT CAUSES		9.1	0	)	AL	
		CONDITIONS, if		(B) Udles	ocarcino ma ?	reast	W S	ma
	rise to the	above couse (A)	slating the	DUE TO, OR AS	A CONSEQUENCE OF:	7		V
	UNDERLYING	CONDITION lost.		(c)	*******************************			**********
Z	OTHERSICALISIS	II ANT CONDITIONS CO						
ATIO	IIO THE DEATH	BILL NOT BELATED TO T	HE TEDLAINIAL					
5	19A. DATE OF O	PERATION 19B CON	DITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B	IF YES WERE EI	NDINGS CONSIDER	************
RI	0	WAS PERI	FORMED		IN IN	CERTIFYING CAU	NDINGS CONSIDER	:D
	OR CONTRIBUTI	WAS UNDERLYING	218	PLACE OF INJURY (e.g., in	or about 21 C. WHERE DID	(If In Bolttmore	City, give exact lacati	an)
ũ	DEATH INOUTY IN	edicol exemined	elc.	)	ico pidd INTOKŁ OCCOK			,
	OF INJURY	Month) (Doy) (Year)	(Hour) 21 E	INJURY OCCURRED	21F. HOW DID INJURY	DCCUR?		
ξ	(APPROX.)		Wh	ile At Work				
	22. I certify th	ot (1) (this bosnited		he deceosed fram		-		
	that (1) (we) 1a	st sow the decease	d alive on	8 - 2 L		5 to 5	25	19.70
	1			1) /W-) / 1: 1) / 1: 1	19 20 and that In	(my) ( <del>our)</del> opini	on death occurred	on the date
	and hour and f	rom the course stat		I Labor Laboration of the court of	mare them be also after all sal			
	and hour and f	rom the causes stat	eg gpove. (I	A (33) (33) (313) (313 1101) (1	ew the body differ death.			
	and hour and fi	rom the causes stat	ea above• (I	1	. /		BL DATE SIGNED	N .
	W G	Bens	ed doove. (I	Atter Phys.	ding Med. Staff		SE DATE SIGNED	-70
	23C. PHYSICIAN'S	Bens	on	OEGREE Phys.	Med. Staff Phys.		8-26.	-70
	23C. PHYSICIAN'S	Bens Dr. Will	iam P.	Benson, Jr.	Med. Stoff Phys.  BD. ADDRESS  3502 N. Calvert	t St, Ba	8-26. ltimore,	-70 Md.
24A	23C. PHYSICIAM: NAME (Type BURIAL CREMA REMOVAL (Spe	Bens	iam P.	DEGREE Phys.  Benson, Jr.  GEGREE  AME of CEMETERY or CREI	Med. Stoff Phys. BD. Address  3502 N. Calvert	t St, Ba	8-26.	Md. (State)
24A	23C. PHYSICIAM: NAME (Type BURIAL CREMA REMOVAL (Spe	Bens Dr. Will  ATION, 24B. DATE Cityl 8/28/	iam P.	Benson, Jr. AME of CEMETERY or CREA	Med. Stuff Phys. BD. Address  3502 N. Calvert  MATORY 24D. LOCATI	t St, Bai	8-26.  ltimore,  lown, or county)	(State)
24A	23C. PHYSICIAM: NAME (Type BURIAL CREMA REMOVAL (Spe	Bens Dr. Will  ATION, 24B. DATE Cityl 8/28/	iam P.  24C.N/  70 Sa  256 NAME C	Benson, Jr. AME of CEMETERY OF CREI  Cred Heart  FREGISTRAR	Med. Stoff Phys. 3D. Address  3502 N. Calvert	t St, Bar	8-26.  ltimore,  lown, or county)	(State)

V.S. 153

W-452 70 8495 BALTIMORE CITY HEADICAL EXAMINER'S C		
	CERTIFICATE OF DEATH	70 0495
BIRTH NO.	LERIFICATE OF DEATH REG. NO.	70 8430
1. NAME OF DECEASED (Type or Print)	2. DATE Known Manth Day	Year Hour
James H. Williams	DEATH Estimoted P 8 23	70 4:40 p <sub>m</sub>
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD 8 23	70 4:40 p.m.
	5. USUAL RESIDENCE (Where deceased lived, if Institution A. STATE, B. COUNTY	residence belare admission)
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CIT	Y LIMITS?
male Negro WIDOWED DIVORCED	Balto.	s X NO
9. DATE OF BIRTH 10.AGE (In years Months, Days Hours Min.	E. STREET AND NUMBER  3309 Fairview Avenue	
11. BIRTHPLACE (State or lareign country)  12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	SRI
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY done during most of working lile, even if refired	15. MOTHER'S MAIDEN NAME	
C/ERK COROCERY	JULIA R. McCal	1
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)(II yes, give war or doles of service) SECURITY NO.		DRESS
NO	Non JURNAMSSOGKA.	RUIVWAL
19. CAUSE OF DEAT	Н	APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY IT	ntracerebral hemorrhage	DETWEEN CHISEI AND DEATH
LEADING TO DEATH		
	S A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	AS A CONSEQUENCE OF:	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION WAS		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS	S PERFORMED	21. AUTOPSY? (Yes or Na)
		ves (Head)
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY(e.g., 1)	in or obout 22C. WHERE DID (If in Rollimore City, give ever	yes (Head)
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. home, form, factory, street, office	in ar obout 22C. WHERE DID (If in Baltimore City, give exact bldg., etc.) INJURY OCCUR?	t location)
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Manth) (Day) (Year) (Hour) 22E.INBURY OCCURRED	Ayrdale & W. Cold Spri	t location)
UNDERLYING TOR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Manth) (Day) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) 8 22 70 8:30 WHILEAT NOTY AT WORK	Ayrdale & W. Cold Spri	ng Lane /
UNDERLYING TOR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Manth) (Day) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) 8 22 70 8:30 WHILEAT NOTY 23.	Ayrdale & W. Cold Spri  22F. HOWDID INJURY OCCUR?  Passenger in auto-auto	ng Lane / collision.
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Manth) (Day) (Year) (Hour) 22E, INJURY OCCURRED OF INJURY (APPROX.) 8 22 70 8:30 WHILE AT NOT WORK AT WORK  1 certify that I held an Inquiry Inspection Auto-	Ayrdale & W. Cold Spri  22F. HOWDID INJURY OCCUR?  Passenger in auto-auto  opsy   and that on this basis, death in my	ng Lane / / collision.
UNDERLYING FOR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Manth) (Day) (Year) (Hour) 22E, INJURY OCCURRED OF INJURY (APPROX.) 8 22 70 8:30 WHILE AT NOTY AT WO	Ayrdale & W. Cold Spri  Ayrdale & W. Cold Spri  22F. HOWDID INJURY OCCUR?  Passenger in auto-auto  ODEN A and that on this basis, death in my columns  Homicide Undetermined manner	ng Lane // collision.
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Manth) (Day) (Year) (Hour) 22E, INJURY OCCURRED OF INJURY (APPROX.) 8 22 70 8:30 WHILE AT NOT WORK AT WORK  1 certify that I held an Inquiry Inspection Autoristic Accident Suicide  ACTUAL	Ayrdale & W. Cold Spri Ayrdale & W. Cold Spri  22F. HOW DID INJURY OCCUR? Passenger in auto-auto  opsy  and that on this basis, death in my companies  Homicide Undetermined manner  CHIEF MEDICAL EXAMINER	ng Lane / / collision.
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Manth) (Day) (Year) (Hour) 22E.INJURT OCCURRED OF INJURY (APPROX.) 8 22 70 8:30 WHILE AT NOT WORK AT WORK  1 certify that I held an Inquiry Inspection Autoriside Accident Suicide  ACTUAL SIGNATURE    home, form, factory, street, office   Street   Street	Ayrdale & W. Cold Spri  Ayrdale & W. Cold Spri  22f. HOW DID INJURY OCCUR?  Passenger in auto-auto  ODEN    ODEN   ODEN   ODEN   ODEN   ODEN   ODEN   ODEN   ODEN   ODEN    ODEN   ODEN   ODEN   ODEN   ODEN   ODEN   ODEN   ODEN   ODEN    ODEN   ODEN   ODEN   ODEN   ODEN   ODEN   ODEN   ODEN   ODEN    ODEN   ODEN   ODEN   ODEN   ODEN   ODEN   ODEN   ODEN   ODEN    ODEN   ODEN    ODEN    ODEN    ODEN    ODEN    ODEN    ODEN     ODEN    ODEN    ODEN    ODEN    ODEN    ODEN     ODEN     ODEN     ODEN     ODEN      ODEN      ODEN        ODEN	ng Lane Collision.  plnlon  DATE SIGNED
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Manth) (Day) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) 8 22 70 8:30 WHILE AT NOT WORK AT WORK  1 certify that I held an Inquiry Inspection Autority Accident Suicide  ACTUAL	Ayrdale & W. Cold Spri Ayrdale & W. Cold Spri  22F. HOW DID INJURY OCCUR? Passenger in auto-auto  opsy  and that on this basis, death in my companies  Homicide Undetermined manner  CHIEF MEDICAL EXAMINER	ng Lane // collision.
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Manth) (Day) (Year) (Hour) 22E.INJURY OCCURRED. OF INJURY (APPROX.) 8 22 70 8:30 WHILEAT NOT WORK AT AT WO  23.  1 certify that I held an Inquiry Inspection Authorises Accident Suicide  ACTUAL SIGNATURE EXAMINER'S Peter Lipkovic, M.D.  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY O	Ayrdale & W. Cold Spri Ayrdale & W. Cold Spri  22F. HOW DID INJURY OCCUR? Passenger in auto-auto  ODEX  ODEX  AND ARTHUR OCCUR?  Passenger in auto-auto  ODEX  ODE	collision.  plnion  DATE SIGNED  8/24/70
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Manth) (Day) (Year) (Hour) 22E.INJURY OCCURRED. OF INJURY (APPROX.) 8 22 70 8:30 WHILEAT NOT WORK AT	Ayrdale & W. Cold Spri Ayrdale & W. Cold Spri  22F. HOW DID INJURY OCCUR? Passenger in auto-auto  ODEX  ODEX  AND ARTHUR OCCUR?  Passenger in auto-auto  ODEX  ODE	collision.  plnion  DATE SIGNED  8/24/70
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Manth) (Day) (Year) (Hour) 22E.INJURY OCCURRED. OF INJURY 8 22 70 8:30 WHILEAT NOTY (APPROX.) 8 22 70 8:30 WHILEAT NOTY 23.  1 certify that I held an Inquiry Inspection Autority Accident Suicide  ACTUAL SIGNATURE EXAMINER'S Peter Lipkovic, M.D.  24A. BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY O	Ayrdale & W. Cold Spri  22F. HOW DID INJURY OCCUR? Passenger in auto-auto  ODESY OF CHIEF MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER  OF CREMATORY  24D. LOCATION (City, lown, Lown,	pinion  DATE SIGNED  8/24/70  ar county) (State)
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  Street  Actual  Inspection  Author  Actual  Signature  EXAMINER'S  NAME (Type)  Peter Lithovic, M.D.  24A. BURIAL CREMATION, REMOVAL (Specify)  Sylvino  Sylvi	Ayrdale & W. Cold Spri  22F. HOW DID INJURY OCCUR? Passenger in auto-auto  ODESY OF CHIEF MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER  OF CREMATORY  24D. LOCATION (City, lown, Lown,	collision.  plnion  DATE SIGNED  8/24/70

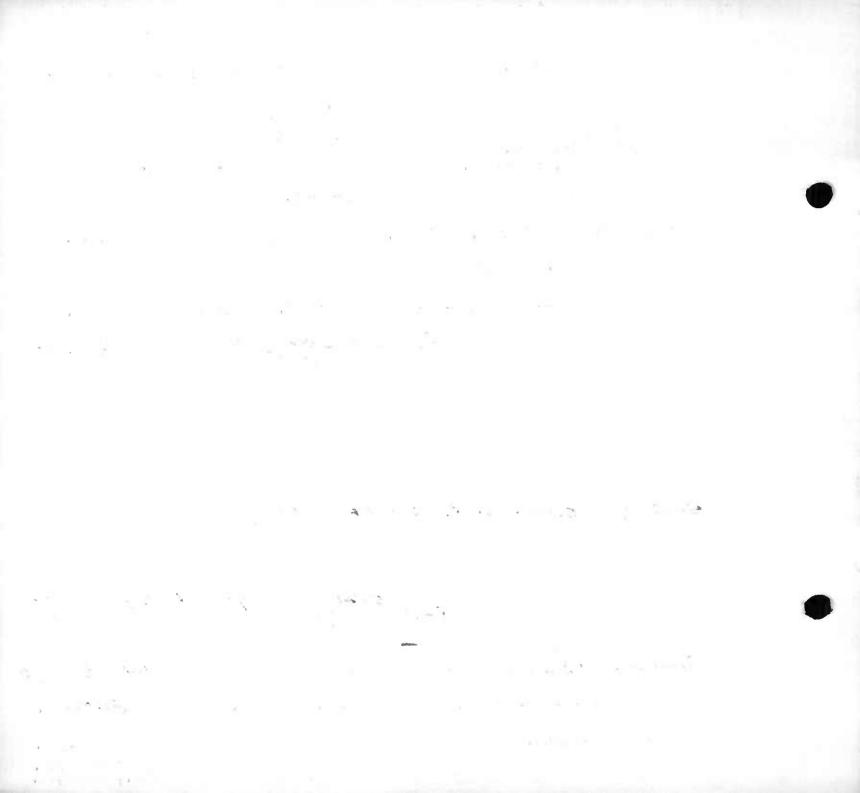




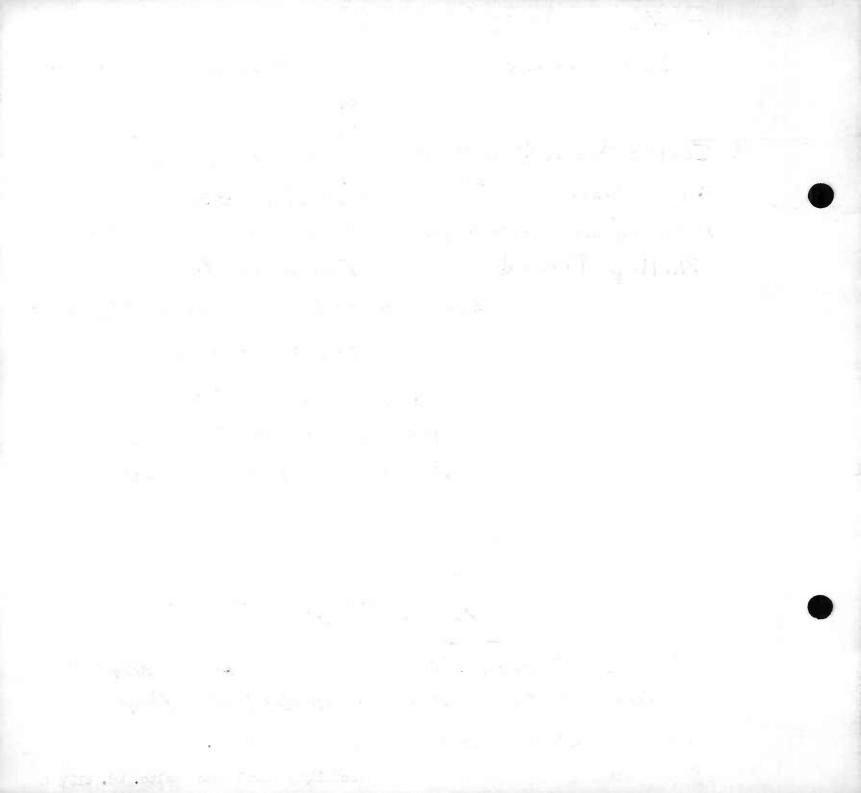
IMPORTANT

FUNERAL DIRECTOR:

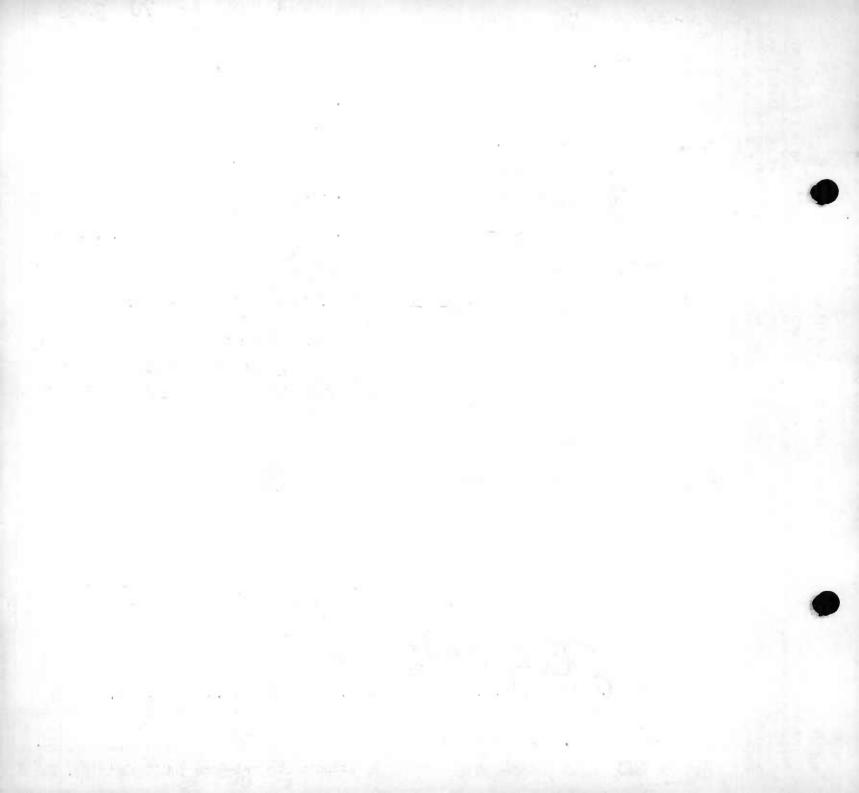
S-54 BIRTH NO.		84	CERTIFICA	TE OF DEA	TH K REG. NO.	70 8497		
(Type or Print)	JESS	105 PT	CREAT TUROOP		PATE AND HOUR OF DEATH			
3. PLACE IN BA	LTIMORE MARYLAND, V		SMA LIWOOD	14. USUAL RESIDENC	August 24, 1970 CE (Where decoosed lived. If institu	7:30 A. A		
	7			N. SIAIE	COUNTY			
FULL NAME O	ADDRESS OR LOC	ATION	TUTION, GIVE STREET	Md.	Baltimore			
INSTITUTION	Baltimore Ci	ty Hos	nital	C. CITY OR TOWN		CITY LIMITS?		
.31	4940 Bastern		Dr off.	E, STREET AND NU		S NO A		
0/	Baltimore .		Wd.	7500 Car	rson Ave. # 21224			
5. SEX	6. RACE		NEVER MARRIED	8. DATE OF BIRTH	In 100 //			
Male	White	WIDOWE		9-22-09	(last birthdoy) M	onths Doys Hours Min.		
IOA, USUAL OC	UPATION (Give kind of wor	108 KIND	OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State		2. CITIZEN OF WHAT COUNTR		
40.00	working life, even if rettred)	Glenn	L. Martin Co.		11 - ma 2	** 0 1		
13. FATHER'S NA		отели	HOWSTATH CO.	14 MOTHER'S MAIL	Haryland	U.S.A.		
	George O.	Sma 11.	m od	The state of the s				
5. Was Decemen	_			17. INFORMANT	Anna Reeser	100000		
The last of	d Ever in U. S. Armed Fo	s of servicel		INFORMANT		ADDRESS		
No		-	213-10-4326		. Smallwood	Same.		
18. 20	0-11		CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT		
DISEA	SE OR CONDITION DI LEADING TO DEATH	RECTLY	Lymk	sho Sarc	ong,	8 months		
(This does	(This does not meen the made of dying, e.g., (A) IMM/EDIATE CAUSE Generalized							
heart failure	asthenio, etc. It means	the disease	e, DUE TO, OK AS	A CONSEQUENCE OF:	0			
	ANTECEDENT CAUSES							
DISFASES								
rise to the	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:							
UNDERLYIN	G CONDITION last.		(c)	M45404000000000000000000000000000000000				
z	11							
E I IO THE DEA	FICANT CONDITIONS CO TH BUT NOT RELATED TO T	HE TERMINIAL						
DISEASE OR	ONDITION GIVEN IN PARTOPERATION 198 CON	T 1 (A).	WHICH OPERATION	20A. AUTOPSY? (Ye	es or No) 208. IF YES, WERE FIND	WALCE CONCIDENCE		
5- 25	-70 WAS PER	SAMED _	LYMPHO-SARC		IN CERTIFYING CAUSES	OF DEATH?		
21A. ACCIDI	NT WAS UNDERLYING	21	B. PLACE OF INJURY (e.g.,	n or about 21 C. WHERE	DID (II In Boltimore Cit	y, give exect location)		
DEATH (notif	TING CAUSE OF medical examines	ho	me, form, lociory, street, a	liice bidg., INJURY OC	CU R?			
21D. TIME	(Month) (Doy) (Year)	(Hour 21	& INJURY OCCURRED	21 F. HOW F	OLD INJURY OCCUR?			
(APPROX)		w	hile At   No! Whi	• 🗖				
		W	ork L At Work					
	that (1) (this hospital		9 11	5-21-	1970 to 8-	24 1970		
	last saw the decease				and that in (my) (our) opinion	death occurred on the dat		
		ed obave.	(I) (We) (did) (did nat) v	lew the body after o	death.			
23A. SIGNAT		- 1	24 0 1.			DATE SIGNED		
will	-	lwan	DEGREE Phy	inding Med. Director	Phys. C	wg 25 1970		
23C. PHYSICIA	Type) //			23D. ADDRESS		0		
	AITPIYA	J. S	ULLIVAN	11 E. Ch	ase St., Baltimor	e .2/202_Md.		
REMOVAL	MATION, 248. DATE	24C.	NAME OF CEMETERY OF CR			own, or county! (State)		
Buri		O. F	Millcrest Memo	rial Park	Cumberland, Alle	channy Co Md		
	BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DI				
NUCS		2.0	140	68-10-	X Vaila 0224	Eastern Ave c		
/S 150 RE V. 171	~	TA JA	6-A-A	unanus	Dal Dal	to., 21224.Md.		



-	T-653	120	-	BALTIMORE CITY	HEALTH DEPARTMENT		120
B	IRTH NO.	70	8498		TE OF DEATH	REG. NO	70 8498
1,	NAME OF DECEA	SED				AND HOUR OF DEAT	
C	ype or Print Ou	is Fre	und			26/70	1/35 AU M.
3	PLACE IN BALTIM	ORE MARYLAND,	WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE IW	here deceased lived. If	institution: residence before odmission)
15	ULL NAME OF	(IF NOT IN HOSPI	TAL OR INSTIT	UTION, GIVE STREET	and.		23-07
, in	NOTTUTION	ADDRESS OF LOC	AllON		C. CITY OR TOWN		SIDE CITY LIMITS?
113	34. 11. 5	. 11	0	.1 -	Baltime E. STREET AND NUMBER	re	YES NO
0		3altimor	e Gen	Hosl.	1419 Pa	tapsco	34.
5.	SEX 6.	RACE		NEVER MARRIED	8. DATE OF BIRTH	9/AGE (In years lost birthday)	If Under 1 Yr If Under 24 Hrs. Months Doys Hours Min.
2 10	A. USUAL OCCUPA	Cauc.	WIDOWED	DIVORCED BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of to	53	
o de	one during most of work	(ing life, even if retired)	1	0.	02 11		12. CITIZEN OF WHAT COUNTRY?
13	A wto Me	chanic	Auto	Repair r	14. MOTHER'S MAIDEN N	_	USA
do la la la la la la la la la la la la la	PL: 115	~ Fre	und				
15.	Was Deceased Eve	m M U. S. Armed Fo	rces?	1 6. SOCIAL	Firmag	Nash	ADDATA
i (Y	NO	yes, give wor or dal	es of service)	SECURITY NO.	wife		ADDRESS
5	18. 24 1 4	9		218-07-6886 CAUSE OF DEATH	, -	140	
	DISEASE	OR CONDITION D	RECTLY	The state of the s	•		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEA	ADING TO DEATH		(A)IMMEDIATE CAU	SE CARDIAC	ARRES	T
	heort igilule, asil	meon the mode of henio, etc. It means	the disease	DUE TO, OR AS	CONSEQUENCE OF:	******************	***************************************
		olion which coused		D 1	i Le ota d	1. 1.7.0	15
		CONDITIONS, II		(B) PIETO ORAS	ble Myocari A CONSEQUENCE OF:	diel Luther	tion
	rise to the d	bave cause (A)	stating the		scleration	Least Die	ease
TON	ONDEREING C			(c) // 10 1 2	730(610)10	1013	ease
NO	OTHER SIGNIFICAL	NI CONDITIONS CO	NTRIBUTING	11.865	01 1	Tulal	/ - /
	DISEASE OR COND	IT NOT RELATED TO T	ξΤ 1 (Δ).		erum Cheli		
ERTIFIC	TYA-DATE OF OP	ERATION 198. CON WAS PER	IDITION FOR Y FORMED	VHICH OPERATION	20A. AUTOPSY? (Yes or I	IN CERTIFYING CA	FINDINGS CONSIDERED
CE	21A. ACCIDENT V	YAS UNDERLYING	218,	PLACE OF INJURY (e.g., in	or about 21 C. WHERE DID		re City, give exoct location)
CAL CERTIFICA	DEATH (notify med	G CAUSE OF Ticol examined	hometca)	e, farm, foctory, street, offi	ce bldg. INJURY OCCUR	hi in politimo	re City, give exoct locotton)
	21 D. TIME (ME	onth) (Doy) (Year)	(Houd) 21 E	INJURY OCCURRED	21 F. HOW DID IN	THE OCCUR	
MEDI	(APPROX.)		While	e At O Not While	П		
	22. I certify that	(1) (this hospital			0/14	1967 to	present 19
	that (1) (we) los	saw the decease	d alive an	Apr. 28	/ 20	/	inion deoth accurred on the dote
	and hour and fro	m the couses stat	ed abave. (1)	(We) (did) (did not) vi	ew the body after death.		mion geath accoured on the dote
	23A. SIGNATURE	· N	0 0	- 1/2			23B, DATE SIGNED
24/	Coli	ren (°	arte	DEGREE Phys.	ding Med. Director	Staff Phys.	8/26/20
	23C. PHYSICIAN'S NAME (Type)	1 . 0	0 -		D. ADDRESS		
277	Co		Carl	DEGREE	South Bal	to. Gen.	Hospi
	REMOVAL (Special	fy)		ME of CEMETERY of CREA	7-	LOCATION (C	ity, town, or county) (Stote)
25.6	Burial	8/29/70		dar Hill Cemet	tery Ba	ilto Md.	
25/	AUG 26 1	400	E. Jabe		25C. FUNERAL DIRECTO	. 1	ADDRESS
	150-REV. 1/1/68	JU VIONE	c. valoe	14.0	McGully Fune	eral Home B	alto. Md. 2123 0



11	11		BALTIMORE CITY	HEALTH DEPARTMENT		70 8499
(9-60	20 70	8499	CERTIFICA	TE OF DEATH	REG. NO	0400
INTH NO.		0100			ND HOUR OF DEATI	н
ype or Print)	Anna D. Georg	0				
. PLACE IN B	ALTIMORE MARYLAND, V		INCED DEAD	4. USUAL RESIDENCE (Wh	ere deceosed lived. If	institution: residence before admission)
				A. STATE B. COU	NTY	2/ 2/
OSPITAL OR	OF (IF NOT IN HOSPIT ADDRESS OR LOC.	AL OR INSTITU	TON, GIVE STREET	C. CITY OR TOWN	In 181	26-31
NOITUTITZE					D. IN	YES X NO
	4323 Belma	r Ave.		Baltimore E. STREET AND NUMBER		TES NO
00	4)L) DOMIN	4 2500		4323 Belmar	Arro	
SEX	6. RACE	7. MARDIED E	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	II Under 1 Yr., II Under 24 Hrs.
	*** * 1	WIDOWED		0-+ 00 7905	lost birthdoy)	Months Days Hours Min.
Female	White CUPATION (Give kind of wor	-		Oct. 29, 1895	reion country)	12. CITIZEN OF WHAT COUNTRY
	of working lile, even if retired)				engin coominy,	
Housew.		Home-k	eeping	Md.		U.S.A.
FATHER'S N	IAME			14. MOTHER'S MAIDEN NA	AME	
Harr	v Glanville Cm	ith		Clara May St	arrang	
Was Deceas	y Glanville Sm	rces?	1 6. SOCIAL	17. INFORMANT	revens	ADDRESS
No	wn) (If yes, give wor or dot	s of Services	SECURITY NO.	Puth A Coonce	1,222 Dolmes	A Arma
18.	27 17		215-58-275h	Ruth A. George	4)4) BeTillai	APPROXIMATE INTERVAL
1 / /	ASE OR CONDITION DI		CAUSE OF BEAT	1 1	7.	BETWEEN ONSET AND DEATH
DISE	LEADING TO DEATH	KECILY		Mo to-Va	on c	277
(This does	not mean the mode of	dying, e.g.,	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	1116	
	e, asthenio, etc. II meons omplication which caused		4	le	my le	ruco
	ANTECEDENT CAUSES		11	last	Make	- 1 Yes
DISCASES			(B)	A CONSEQUENCE OF:	0,00	3/
	OR CONDITIONS, il lhe obove couse (A)		DOE 10, OK AS	A CONSEQUENCE OF		
UNDERLYI	NG CONDITION last.		(c)			
	11					
	NIFICANT CONDITIONS CO					
DISEASE OF	CONDITION GIVEN IN PAI	RT 1 (A).		100A	L. N. 000 In was aver	
19A. DATE	OF OPERATION 198 CON	FORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or N	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
210 000	DENT WAS UNDERLYING	7 218	DIACE OF INTERVAL	and the state of t	at a plan	69
OR CONTR	IBUTING CAUSE OF	home	e, form, foctory, street, o	fice bldg., INJURY OCCUR?	(If in Boltim	ore City, give exact location)
DEATH (no	tify medical examiner)	etc.)				
21D.TIME OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROX.)		Whit	le At Not While	e 🔲	h	0 ( 0
22 1 certi	fy that (1) (this haspita			100	10/2 10	1110 24 1010
	Tost saw the decease		# 1 //	10 70		
						plnian death accurred on the dat
		ted above. (I)	(We) (did) (dld nat) v	iew the bady after death	•	
23A. SIGNA	TURE	01	110 H	adia of Mad	. " -	23 B. DATE SIGNED
	( XX	-91	EGREE PKY	minding Med. Director	Staff Phys.	
23C. PHYSIC		DE THE D		23D. ADDRESS		
RICH	ARD H RIGLE	R, M.D		1 W. Overlea	Ave., Bali	to, Md. 21206
A. BURIAL C		24C. NA	ME of CEMETERY of CR	MATORY 24D.	LOCATION (	City, town, or county) (State)
REMOVAL	(Sp cify)					
Bur Bur	Aug. 2'	7.70 Ga	rdens Of Fait	h B	Baltimore	ADDRESS
ALIC OF				25C. FUNERAL DIRECTO	3	
AUUZO	المال الدودية في	Jaben, 1	<b>Υ. Δ.</b>	Lassahn Fund	ral Home 74	01 Belair Rd. 21236
	1 // 0					



This certificate must be approved by the chief medical examiner or his assistant if death curred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

11	614		BAL	TIMORE CITY	HEALTH DEPARTMENT	,	
BIRTH	1014	70 8	-00		TE OF DEATH	REG. NO	400
1. NAA	AE OF DECEASED		9-	KIII IO			70 8500
(Туре с	TRMA	NORE	Leet			AND HOUR OF DEATH	0 145 0
3. PLA	CE IN BALTIMORE, MAI	MILAND, WHERE	RONO UN CED DE	AD	4. USUAL RESIDENCE (W	here deceased lived. If in	estitution: residence belare admission)
FULL	NAME OF (IF NOT	IN HOSPITAL OR	INSTITUTION, GIV	F STREET	MARYLAND.	01	70
INSTIT	TAL OR ADDRES	S OR LOCATION			C. CITY OR TOWN	1. Reamy o	IDE CITY LIMITS?
	UNIU. N	MARGLA	NO He	osp.	SALLSBURY	/	YES NO NO
13	8.			U	E. STREET AND NUMBER	Dr Bail	6. 1
5. SEX	6. RACE	7. MA	RRIED NEVER	MARRIED	8. DATE OF BIRTH	COT DAL	
	FIN			VORCED	7/25/1900	9. AGE (in years last birthday)	Il Under 1 Yr. Il Under 24 Hrs. Manths Days Haurs Min.
10A. US	UAL OCCUPATION (Give	kind of work 10R, KI			11. BIRTHPLACE (State or la	reign country!	12. CITIZEN OF WHAT COUNTRY?
done do	ring most of working life, eye	n il retired)	MINE		h 2	.A.	
13. FAT	HER'S NAME		70		14. MOTHER'S MAIDEN N	N4	USA.
	STEVER	Rein	٠		9 10-	OO - D	
15. Was	Decembed Function II &	Armed Forces?	1 6. SOCIAL		17. INFORMANT	Martin	
(Tos, no	or unknown) (If yos, givo	war or doles of se	rvicel SECURI	ITY NO.	MA .	16d 100 00	ADDRESS
18.	4410			SE OF DEATH	Marion	Veneble	0
	DISEASE OR COND	ITION DIRECTLY		SE OF DEATH		_1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO	DEATH		MMEDIATE CAU	. Disserin	9 Thorner	e A-NEURISM.
II I nec	is does not meon the ort foilure, osthenio, etc.	II means the die	e.g.,	UE TO, OR AS A	CONSEQUENCE OF:		- M-DCOKYSIN .
inju	or complication which	th caused deoth.)					
	ANTECEDENT		(B)				Z days.
DIS	EASES OR CONDITION	NS, if any, i	giving D	UE TO, OR AS	CONSEQUENCE OF:	**********************	
UN	DERLYING CONDITION	l lost.	(c)	******			
z	11						
E TO	ER SIGNIFICANT CONDIT	ATED TO THE TEDA	ING				
U DISE	DATE OF OPERATION	FN IN PART I (A)		ATION	20A. AUTOPSY? (Yes or N	-V coo	
E Z	,	WAS PERFORMED	TOR WINGIT OFER	CHON	ZOAL AUTOPSYPTION OF N	IN CERTIFYING CAU	INDINGS CONSIDERED
Op	ACCIDENT WAS UNDE	RLYING	218 PLACE OF	INJURY (e.g., in	or obout 21 C. WHERE DID	(If In Boltimore	City, give exoci location)
MEDICAL SOLO SOLO SOLO SOLO SOLO SOLO SOLO SO	TH (notify medical exemi-	ner)	elc.)	dry, sireet, on	e bldg. INJURY OCCUR?	•	
Q 21D.	TIME (Month) (Day	(Year) (Haur)	21E INJURY OC	CURRED	21F. HOW DID IN	JURY OCCUR?	
< (APF	PROXI		While At	Not While At Work			
22.	I certify that (4) (this	hospital) attend			Jug Z (	19 7010 Ac	10 3 3 1
that	(1) (we) lost saw the	deceased alive	onA			19 70ta A	
				(did-not) vi	ow the body after death.	in (bry) (our) aprin	an death occurred an the date
23A.	SIGNATURE	. (1)	1	/	The body after death.		23B, DATE SIGNED
	June M	Jaco	Vacel	Attend	ling Med. Director	Staff DO	8/27/20
23C.	PAYSICIAN'S NAME (Type)	7		DEGREE	D. ADDRESS	Phys.	0/29/0
	J-M-6	VACKFO.	RD MIT		UNIC	1- MD.	HOSD
24A. BUI	RIAL CREMATION, 248.	, , ,	C. NAME of CEM	ETERY OF CREA	ATORY 24D./L	OCATION (City,	, town, or Equity) (State)
15	urial 8-	26-70	lu een	Don	10	Online.	
25A. DA		EPT. 258. NA	ME OF REGISTRAL	100	25C. FUNERAL DIRECTOR	risinois.	ADDRESS
AI	JG 26 1970 G	sbert E. Ja	Ber, M.D.		Broker	mules)	
VS 150-R	EV. 1/1/68				1-1	7,70,7-0	

